



Name: _____ Referred By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Birth date: _____ Sex: Male or Female

Spay/Neuter? Yes or No If Yes Date completed: _____

Vet's Name: _____ Vet's Phone: (____) _____

This is the CGCA class.

The class will meet once a week for 6 weeks, approximately 45 min. in length

Class Fee: \$170.00*

Start Date: _____

Location: Fur The Love of Dogs 2400 Highview St. Spring Grove, IL Release of Liability

I, (Owner's Name) _____, as the legal

owner of, (Dog's Name) _____ do hereby waive and

release, (Trainer's name) Lisa Lillie from any and all liabilities of any

nature. I agree to take complete responsibility for the actions of my dog, before, after and during class.

At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class.

Owner's name: _____ Date: _____

Vaccination Records on file _____

Bordetella: _____

Rabies: _____

Distemper: _____

Must be at least 14 weeks old to attend.

CANCELLATIONS: There will be a non-refundable fee of \$25.

Call: 815-675-3877