



Dog Training Registration

Owners Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Class Information:

Date of first class: _____

Course length: _____

Dogs Information:

Name: _____

Age: _____

Breed: _____

Reason for wanting to join this class: _____

Describe your dog's temperament: _____

Where do you want to see the most growth from your dog? _____

What else about your dog would you like us to know: _____

Please READ and SIGN BELOW if you agree to the following. I have filled out the information above truthfully and to the best of my ability. I will not hold **Brave Breed Rescue, Inc.** responsible or accountable for anything that happens to me or my dog in this training course or on **Brave Breed Rescue, Inc.'s** property. I am entering this course at my own risk and understand that anything can happen, especially when working with animals. I will pay the \$150 fee for this training course. It will be treated as a donation to Brave Breed Rescue, Inc. and is nonrefundable. I will pay the fee before the start of the first course. Lastly, I promise to listen to the instruction of the course leader and to not be a distraction to the other course participants.

Signature: _____

Date: _____