Sportsmen's
DOG TRAINING CLUB OF DETROIT, INC.

2010 Enrollment Form
FOCUS ON HEELING

1-888-637-9595
www.sportsmens.net
1930 Tobsal Court, Warren, MI 48091

1 CLASS SELECTION *Check the class you are enrolling in. Circle your start date.*

FOCUS ON HEELING

☐ Mon **7:30 PM • $60/4 wks**
Mar 1 Jun 21 Sep 27

2 HANDLER & DOG INFORMATION *(please print)*

Name of person handling the dog in this class.	Phone	Handler Age if under 18
Street	Dog's Name	Breed
City State Zip	Dog's Date of Birth or Approx Age	Neutered? ☐ Yes ☐ No
Email	How did you hear about us? ☐ Ad in Paper ☐ Friend Referral ☐ Vet Referral ☐ Prev trained with us	
Comments		

3 CHECKLIST

☐ Enclose copy of your dog's proof of vaccination from your veterinarian. Dogs must have: 1) A negative stool check for intestinal parasites within 6 months of the first night of class, 2) Must be current on vaccines and rabies (rabies not required for puppies under 6 mo). Certified titers are also accepted. Bordatella is suggested but not required.

Even if you attended a previous class, you DO need to resubmit Vet info.

☐ Payment enclosed or Credit Card # and your signature.

☐ Be sure to sign release below.

NOTE: If you have a dog that is aggressive around other dogs or people, please speak with the Training Secretary or Training Director before enrolling.

4 PAYMENT INFORMATION

Check payment

☐ Visa
☐ MasterCard
☐ Discover
☐ Check/Money Order

Credit Card # _____ - _____ - _____ - _____ Exp Date _____

Cardholder Name _____ Amount $ _____

Signature X _____

I hereby release Sportsmen's Dog Training Club of Detroit, Inc. and the Trainer from all liability from damage to my person or property whatever the cause. I also agree to abide by all RULES AND REGULATIONS as set forth by Sportsmen's Dog Training Club of Detroit, Inc.

Signature X _____ Date _____

** **MAIL THIS FORM WITH PAYMENT TO**: 159 Pilgrim, Birmingham, MI 48009-1254 **