

2016 Class Enrollment Form

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



CLASS SELECTION				
Class Name	Day of Week	Time	Start Date	Class Fee
Has your dog been previously trained?		If so, where and what classes?		
Is your dog friendly around other dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>		• If your dog is aggressive around other dogs or people, you must speak with the Training Secretary or Training Director <u>before</u> enrolling •		
Is your dog friendly to other people? Yes <input type="checkbox"/> No <input type="checkbox"/>				

STUDENT INFORMATION				
Name of person handling dog in class. NOTE: NO CHANGING OF HANDLERS.			Phone	Handler Age if under 18
Street			Dog's Name	Breed
City	State	Zip	Dog's Date of Birth or Approx Age	Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email			How did you hear about us? <input type="checkbox"/> Ad in Paper <input type="checkbox"/> Friend Referral <input type="checkbox"/> Vet Referral <input type="checkbox"/> Prev trained with us	
Comments				

CHECKLIST	
<input type="checkbox"/> Enclose copy of your dog's proof of vaccination from your vet: 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 encouraged but not required.	<i>Even if you attended a previous class <u>you need to resubmit Vet info.</u></i> <input type="checkbox"/> Payment enclosed or Credit Card # and your signature. <input type="checkbox"/> Be sure to sign release below.

PAYMENT INFORMATION			
Check payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check/Money Order	Credit Card # _____ Cardholder Name _____ Signature <u>X</u> _____	Exp Date _____ Amount \$ _____	

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.

REFUND POLICY: No refunds after dog is worked on floor.

SIGNATURE X _____	DATE _____
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**** MAIL THIS FORM WITH PAYMENT TO: 159 Pilgrim, Birmingham, MI 48009-1254 ****
Payment MUST accompany this form in order to secure a place in class.