



Training Class Application

Please print, fill out this form, and return it in person or by mail to our Wells store: 913 Post Rd., Wells, ME 04090.

To guarantee your spot, please include a \$40 nonrefundable deposit, which will be applied to the \$95 cost. Thanks!

Note: If you're unable to attend this class, your deposit will be applied to a future class.

Class _____ Start Date _____

Your Name _____

Address _____

City State Zip _____

Phone _____

Dog's Name _____

Breed _____ Circle one: Male Female

Where did you obtain your dog? _____

How long have you been owned by this dog? _____

Dog's date of birth _____

What would you like to learn in class? _____

Are you having any problems that you'd like help with? _____

Waiver agreement:

I understand that attendance in this dog class is not without risk to me and my dog. I understand that there might be dogs which are difficult to control and may cause injury to me or my pet, even when handled with the greatest of care.

I attend this class with the understanding that I am completely responsible for my own welfare, and for the actions of my dog while on the property of this obedience school and surrounding properties, and I do not hold this facility and/or trainer responsible for any injury.

Signature of dog's owner _____

(In case of a minor, a parent or legal guardian must sign)

Vaccinations: _____

Payment: _____