

SOUTHTOWNS DOG TRAINING CLUB INC.

81 Buffalo St Hamburg, NY 14075

CLASS APPLICATION

Sarah Connaughton, CPDT Instructor. 655-3891

Name of (human) participants: _____

Street: _____ City _____ Zip: _____ Phone: _____

Name of dog _____ Breed: _____ Sex: _____ D.O.B. _____

How did you hear of this program?

Name of Kennel or breeder:

Temperament of dog - Tell us a little about the puppy's nature:

Problems: (If any)

Name of Veterinarian & Hospital: _____

***A certificate of vaccination must be returned with this application. *** This certificate is available from your veterinarian.

FEE _____ Session: Start Date, _____ Day _____ Time: _____

Please make check out to: **Southtowns Dog Training Club INC.**

Send to:

**Sarah Connaughton,
603 Jewett-Holmwood, Rd.
East Aurora, NY. 14052**

The following must be read & signed before submitting application:

I hereby state that I will abide by the rules, regulations and decisions of the Southtowns Dog Training Club and it's class instructors. I will hold blameless the Southtowns Dog Training Club and any and all persons connected therewith in any capacity what so ever from liability, cost and expenses for any injury or damage to persons or property caused by myself or any dog brought by me to training classes or any other event held by Southtowns Dog Training Club. I further agree that this freedom from liability includes owners, lessors and/or government body in charge of buildings and or land where the training classes or events are held.

I have read and understand the above:

Signed: _____

Date: _____

Email Address : _____