## Best Behavior Pet Training 4 week Group Training Class Registration 772-978-7863

Please select a class - FVI	_ start date	SAH start d	late
Your Name	Dog's Name		
Dog's Breed	I	Oog's Age	Dog's Sex M/F
Your Address			Zip
Your Phone-Day	Eve	e	mail
Your Vet's Name		Is	your dog neutered? Y/N
Is your dog vaccinated? Y	/N .		
Does your dog have any medical problems or limitations? Y/N Describe			
How do you exercise your dog?			
What do you want to accomplish in this class? 1			
2	3	3	
Would you describe your	dog as: (circle as many	as apply)	
SWEET HAPPY	SHY BOLD	FEARFUL	AGGRESSIVE
family or guests that may a exposed may be difficult to greatest amount of care. I hereby waive and release employees or agents from	attend, or to my dog, be control, or may be the Best Behavior Dog Trany and all liability of any injury or damage in damage or injury whi	ecause some of the cause of injury aining, LLC, Brany nature, for interesulting from the attending obe	even when handled with the rian and Cecelia Sumner, their njury or damage which I or my ne action of any dog. I expressly
Signature of Dog Owner Please enclose this registra	tion form with paymen	nt of \$95.00 to: I	Date Best Behavior Dog Training

2335 81st Ct, Vero Beach, Fl. 32966 to reserve your place in our class. Thank you.