

SafeHaven Humane Society Basic Obedience Class Enrollment Form

Dog Handler: _____

Address _____

City _____ State _____ ZIP _____

Phone: _____ Evening: _____ Cell: _____

E-mail Address: _____

How did you hear about this class? _____

What do you hope to accomplish in this class? _____

Dogs name: _____ Breed: _____ Age: _____

Male/Female Spayed/ Neutered

Current Vaccinations: DHLPP / Bordatella Date(s): _____

Name of your veterinarian: _____

Please enclose a copy of your most recent vaccinations.

Method of payment: Check / Cash / Visa/MC. Make checks payable to SafeHaven Humane Society

***Space is limited and registration must be received before the first class.**

I understand that attendance in a dog training class is not without some risk to myself, family members, or my dog. I hereby agree to hold harmless, River Bottom Stables, SafeHaven Humane Society, its instructors, and its agents from any and all claim of injury or damage, which I, my family or my dog may suffer while on the premises.

Signature: _____ Date: _____

