



Wagg'n Tails Dog Training

Family Dog Training ~ Behavior Consultation & Modification

Chris Moe-Herlick, C.V.T., Dog Trainer

9811 Big Pine Street, Atlanta, Michigan 49709

Bus: 989-785-6609 Cell: 989-916-6495 Fax: 989-785-6509

Website: <http://www.waggnetailsdogtraining.com>



Training Class Registration Form

Please return 7 days prior to class; space is limited.

Payment must accompany registration.

Fees are non-refundable.

Owner Information: Date: _____

Owner Name(s): _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone (Whose?): _____

E-Mail: _____ Cell Phone (Whose?): _____

Dog Information:

Dog's Name: _____ Age: _____

Breed: _____ Age when you received: _____

Veterinarian: _____ Business Phone: _____

Dates of Vaccines: Distemper Combo: _____ Rabies: _____
(Bordetella is recommended but not required)

Date of Last Fecal Exam: _____

Current Medication(s): _____

Other Required Information:

Does your dog have any difficulty meeting people or other dogs? ___Yes___No

Has your dog started a fight with another dog? ____Yes ____No

Does your dog lunge when it sees other dogs or strangers? ___Yes ____No

Dogs that behave aggressively (lunging and charging) at other dogs may not be permitted in the class under the discretion of the trainer. Further training of these dogs is highly recommended for private house call training.

Have you ever trained a dog before? ____Yes ____No

What is your goal in attending this class for you, your family and your dog?

Cost: Family Dog Training \$72.00 (6 week course, one night a week)

Puppy Class \$60.00 (5 week course, one night a week)

Fly Ball Class \$48.00 (4 week course, one night a week)

Basic Agility \$48.00 (4 week course, one night a week)

Type of Class: _____

Course Date: _____ **Time Choice:** _____

I accept full responsibility for the acts of myself, my dog, and my guests before, during and after the training classes and release Waggin' Tails Dog Training (Chris Moe-Herlick and Henry F. Herlick) from any and all claims of liability.

Signature: _____ **Date:** _____

**Mail Registration and Check to: Chris Moe-Herlick, 9811 Big Pine Street
Atlanta, MI 49709**