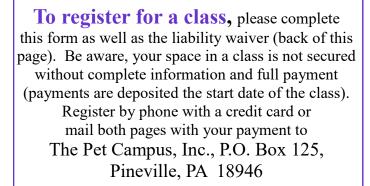
Want to Meet Our Training Staff? And Learn More About Our Programs? Visit Our Web Site

www.thepetcampus.com







About The Human

NAME:

STREET ADDRESS:

CITY: STATE:

ZIP CODE:

PHONE #:

EMAIL ADDRESS:

For Which Class Are You Registering?

NAME OF THE CLASS:

About The Canine



NAME: DATE OF BIRTH:

BREED: COLOR:

SPAYED/

SCHEDULED START DATE:

SEX: F M

NEUTERED Y N

VETERINARIAN:

HAS YOUR DOG ATTENDED

ANY OTHER CLASS(ES)? Y N

IF SO, WHAT WAS IT CALLED?

HAS YOUR DOG WORKED WITH A TRAINER? Y

We can't wait to meet you and your dog!
Please bring a six foot leash and your dog's favorite treats to class.

FOR OFFICE USE ONLY:

Т

M

W

DATE RECEIVED:

DATE CONFIRMATION SENT:

PAYMENT: CHECK CASH CREDIT CARD

DAY OF THE WEEK: (Please circle)

TH

F

S

CHECK NUMBER:

Want to pay with a credit card?

TYPE OF CARD: Visa OR Master Card

CARD NUMBER: (please print clearly) EXPIRATION DATE:

(PIRATION DATE: CVV#
(ON BACK OF CARD)

YOUR SIGNATURE:





