

**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:

To register for a class, please complete this form as well as the liability waiver (back of this page). Be aware, your space in a class is not secured without complete information and full payment (payments are deposited the start date of the class).

Register by phone with a credit card or mail both pages with your payment to The Pet Campus, Inc., P.O. Box 125, Pineville, PA 18946

For Which Class Are You Registering?

NAME OF THE CLASS:

SCHEDULED START DATE:

DAY OF THE WEEK: (Please circle)

M T W TH F S

About The Canine



NAME:

DATE OF BIRTH:

BREED:

COLOR:

SEX: F M

SPAYED/
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 N

**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:

DATE RECEIVED:

DATE CONFIRMATION SENT:

PAYMENT: CHECK CASH CREDIT CARD

CHECK NUMBER:

Want to pay with a credit card?

TYPE OF CARD: Visa OR Master Card

CARD NUMBER:

(please print clearly)

EXPIRATION DATE:

CVV#
(ON BACK OF CARD)

YOUR SIGNATURE:

