

# Critter Camp Obedience Enrollment Form

Circle class; *Puppy, Basic, Advanced* Starting Date/ Time \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ VisaMaster \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph \_\_\_\_\_

Address: \_\_\_\_\_ Work Ph \_\_\_\_\_

\_\_\_\_\_ Cell Ph \_\_\_\_\_

Dog's Call Name \_\_\_\_\_ Breed \_\_\_\_\_

Male Female Date of Birth \_\_\_\_\_ Where did you acquire this dog? (Breeder, Pet  
shop, Shelter, Found, etc) \_\_\_\_\_ How many dogs do you currently own? \_\_\_\_\_

Where does this dog sleep? \_\_\_\_\_

What are the main things that you want to accomplish with your dog? \_\_\_\_\_

**Your dog must be current with his/her vaccinations, bring proof to the 1<sup>st</sup> class. No dog will be accepted without this.**

Vaccinations	Date	Veterinarian
_____	_____	_____
_____	_____	Ph _____

## Release Form

I understand that participation in dog obedience training is not without risk to myself, any family members, guests who may attend or my dog. Knowing this, I hereby waive and release Sandra Selph Gooch, her agents, Critter Camp and any owner of premises where this class is held from any and all liability of any nature, for injury or damage suffered as a result of my participation in this class, including injury resulting from the action of any dog or handler, or any accident occurring on the premises or its' surroundings, I agree to accept full responsibility for my actions and for those of my dog.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Email address \_\_\_\_\_ Fax # \_\_\_\_\_