

DOG TRAINING AND BEHAVIOR

ENROLLMENT FORM

| Dog's Name | Breed | Age |
|---|--|--|
| Sex Spayed/Neutered | Referred By | |
| Owner's Name | | |
| Address | City | Zip |
| Phone: Home | Work | Cel |
| E-mail Address | | |
| CLASS FEE: \$275.00 Check # | Cash | |
| MC/VISA/AMEX | | |
| Exp. Date | Security Code | , |
| Name On Card | | send cash): Animal Services |
| Billing Address | | 8720 Venice Blvd., Suite 201 |
| City, State, Zip | | Los Angeles, CA 90034 |
| Please enroll me in the | class starting on | atam / pm. |
| I absolve and agree to indemnify and hold | | **** |
| ☐ Santa Monica - Animal Services, the | City of Santa Monica its employees of | fficers or agents |
| ☐ Beverly Hills - Animal Services, Ama | | _ |
| participant is a minor, I also give my permis | ssion in the above activities, and for any vices to charge my credit card and ackno | my legal custody in the above activity. If the necessary emergency medical treatment. If wledge that my class fee is non-transferable the location check mark and signature. |
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