ANIMAL SERVICES

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: $325.00 **Check #** _____ **Cash** _____

MC/VISA/AMEX _____

Exp. Date _____ **Security Code** _____

Name On Card _____

Billing Address _____

City, State, Zip _____

Please fill out the fee payment information at left, indicate class date, time and location below, and send to *(Do not send cash)*:

Animal Services
8720 Venice Blvd., Suite 201
Los Angeles, CA 90034

Please enroll me in the _____ class starting on _____ at _____ am / pm.
day of the week *month and date* *time*

I absolve and agree to indemnify and hold harmless: *(Check the appropriate location)*

❑ **Beverly Hills** - Animal Services, Amanda Foundation, Dr. Shipp's Animal Hospital, its employees, officers or agents

❑ **Santa Monica** - Animal Services, the City of Santa Monica, its employees, officers or agents

from any liability which may result from my participation, or that of any minor in my legal custody in the above activity. If the participant is a minor, I also give my permission in the above activities, and for any necessary emergency medical treatment. If using a credit card, I authorize Animal Services to charge my credit card and acknowledge that my class fee is non-transferable and non-refundable. **IMPORTANT:** Registration will not be processed without the location check mark and signature.

Signature _____ **Date** _____
If minor, parent or legal guardian