Class Name: Class Time:

Start Date: Fee:

Handler Name: Phone:

Address: City/State/Zip:

Email:

Dogs Call Name: Breed:

Sex: Male / Female Dogs Age:

Up to date on Vaccinations? (Please provide records): Y / N

Level of Dogs training:

I (we) personally assume all responsibility or liability of this dog and agree to hold this person (Penney Morse) harmless from any claims for loss or injury to person or thing due to negligence or any other reason while on or upon the training premises or grounds or near the entrance thereto.

Signature of Handler Under 18 – Parent/Guardian Signature

**SEND CHECKS TO:**

Penney Morse

6017 N. Normandie

Spokane, WA 99205