



Best Friends



Obedience and Agility School, Inc. and Doggy Daycare®

Mailing address: PO Box 1898, Corvallis, OR 97339

126 SW Avery Ave., Corvallis, OR

www.bestfriendsddc.com

(541) 754-6956

REGISTRATION FOR CLASSES

Primary Handler: _____ Phone #: _____

Address: _____

City: _____ Zip: _____

E-mail Address: _____

Additional Handlers: _____ Phone #: _____

Have you ever trained a dog before? _____

Where and When? _____

How did you learn about this class? (Please be specific) _____

What do you hope to accomplish in this class? _____

Class registering for: _____ Day & Time: _____

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neutered? _____

Date of last vaccinations: DHPP _____ Bordetella _____ K9 Influenza _____

Name of your Veterinarian: _____

All vaccinations MUST be given by a licensed DVM or their Vet. Tech. No owner, breeder or shelter given shots accepted. Please enclose a copy of your most recent DHPP, Bordetella, and Influenza vaccinations from your Veterinarian (blood titer results are acceptable as proof of immunization) and enclose payment.

I understand that attendance in dog training class is not without some risk to myself, family members present, or my dog. I hereby agree to hold harmless Best Friends obedience and Agility School, Inc.®, its instructors, and its agents from any and all claim of injury or damage which I or my family or my dog may suffer while on the premises.

I understand that my dog's image and or my first name might appear on the Best Friends website, the Best Friends Face Book page, and or other promotional materials.

Signature _____ Date _____



Office Use Only: _____ Staff Initials: _____

Class: _____ Day & Time: _____

Start Date: _____ Amount of payment: _____ Check # _____ Cash _____ Visa/MC _____