

SIGN UP SHEET

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work: _____

Dog's Name: _____ Age: _____ Sex: _____ Nueuterred/Spayed
Y N

Breed: _____

Date Of Vaccination: Rabies _____ / _____ / _____

Distemper _____ / _____ / _____

Parvo _____ / _____ / _____

Veterinarian's Name: _____

Clinic's Name: _____

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING

Remember, your are responsible for your dog's actions at all times. You must be able to control your dog well enough to prevent attacks on dogs, people and/or livestock.

I hereby absolve the instructor of the training class, and the owner and operators of Pawformance Pet Specialties of any and all responsibility for any and all accidents or injuries sustained during the training session or while on the premises. I accept full responsibility for any and all actions of the dog in my possession.

Signed: _____

Parent/Guardian (if under 18): _____

Date: _____ / _____ / _____

CLASS: _____

DOG TRAINING



674-3850

4013 COLUSA HIGHWAY
(CORNER OF TOWNSHIP RD & HWY 20)
YUBA CITY