



Department of Behavior and Training
 222 Boston Turnpike
 Bolton, Connecticut 06043

Course Type: _____
 Start Date: _____
 Course Time: _____
 Course Instructor: _____

Registration Form

Owner's Name: _____

Street: _____

City, State & Zip: _____

Phone: (H) _____ (c) _____

Email: _____

Would you be interested in receiving our newsletter? YES NO

Dog's Name: _____

Breed: _____ Sex: _____ Birthdate: _____

Spayed or neutered? YES NO Age of dog when you got him/her: _____

Where did you get your dog? _____

Have you trained a dog? YES NO Where? _____

Do you or your dog have any physical handicaps or disabilities which may affect training? _____

Please tell us what you would like to accomplish in this course: _____

Please attach proof of current vaccination for Rabies, Distemper and Bordetella. If your veterinarian does not recommend that your dog receive these vaccinations, please inform your instructor.

I understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner(s). I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor.

Signature: _____ date _____

Signature (Guardian if above is a minor): _____ date _____