

CLASS REGISTRATION SHEET

PLEASE ENROLL ME IN THE FOLLOWING CLASS:

Class	Date	Time
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Class fee is \$365 for 6 one-hour sessions.
Please make your check payable to FOLLOW MY LEAD and mail with this registration sheet
to 117 West 74th Street, #4B, NYC, NY 10023

KINDLY FILL IN THE INFORMATION BELOW.
WE WILL CALL YOU TO CONFIRM YOUR CLASS UPON RECEIPT OF YOUR CHECK.

Your Name: _____

Address: _____ E-mail address: _____

Home Phone: () _____ Cell Phone () _____

Occupation: _____ Work Phone () _____

Dog's name: _____ Breed: _____

Dog's birth date: _____ Sex: _____ Neutered: _____

Last vaccination date: _____ DHLP _____ Parvo _____ Rabies _____

Veterinarian: _____

Where was your dog purchased/adopted/found? _____ At what age? _____

How did you hear about us? _____

Is your dog friendly with people? _____ Dogs? _____ Children? _____

What are your goals and/or problems? _____

I release FOLLOW MY LEAD and any of its trainers from any liability.

Signature of owner: _____ Date: _____

All dogs should be inoculated and free of parasites, fleas, and ticks.
We cannot guarantee your place in class without prior written registration.
Refunds will be given until after the first class.