

Kingston Canine Center

D.H.P. _____

AMOUNT \$75.00

PARVO _____

CASH _____ CHEQUE _____

RABIES _____

INITIALS _____

BORDETELLA _____



APPLICATION FOR TRAINING

CLASS _____ DAY _____ TIME _____

OWNERS NAME _____

ADDRESS _____

_____ Postal Code _____

TELEPHONE _____

HANDLERS NAME _____ AGE (IF UNDER 16) _____

DOGS NAME _____

BREED of DOG _____

AGE of DOG _____ DOGS SEX _____

Is your dog People Aggressive Yes ___ No ___ Has your dog ever been bitten by another dog Yes ___ No ___

Is your dog Dog Aggressive Yes ___ No ___ Does your dog bark uncontrollably Yes ___ No ___

Did your dog ever Bite Anyone Yes ___ No ___ Does your dog like to fight Yes ___ No ___

Has your dog ever bitten another dog Yes ___ No ___ Does your dog like to jump up on people Yes ___ No ___

CERTIFICATE

I understand that neither the Kingston Canine Center nor the members are liable for any action arising from injury or accident to myself or my dog. **All training fees are non refundable.**

The signing of this application indicates that the Owner and/or Handler has read and understands the Rules set out by the Kingston Canine Center. **See The Reverse Side For Rules**

Signature _____ Date _____