



Positive, Fun and Motivational
Training for you and your dog

Class Registration Form

Name _____ Day Phone _____ Eve Phone _____

Address _____ City/Zip _____

Dog's Name/Breed _____ Age _____ Sex (M or F) _____

E-mail _____ Class Registering For _____ Day/Time _____

How did you hear about Wonder Dogs? Friend/Acquaintance Newspaper Your Vet Local Business

Previous training experience? _____

Goals for this class? _____

I prefer to receive my confirmation and directions by e-mail by US postal mail by phone

Name of Veterinarian _____

City _____

I certify that my dog is in good health and up to date on all vet recommended vaccinations. My veterinarian is aware of my participation in training classes, that my dog will be in close proximity to other dogs, and has advised me on appropriate vaccination protocol to best protect my dog and the dogs it comes into contact with. I also understand that participating in training classes is not without risk to myself or my dog. I hereby agree to hold harmless Julie Flanery, her instructors and agents from any and all claim of injury or damage which I or my dog may suffer while participating. Julie Flanery will in her best efforts make participation in classes and privates safe and free of injury to all participants and their dogs.

Signed: _____

Date: _____

Amt enclosed: _____ Check # _____ Please make checks out to **Julie Flanery** and send payment and completed registration form to 1379 N 9th, Philomath, OR 97370. You will receive confirmation approximately 1 week prior to the start of class.

Refund Policy: Credit only given after the 1st week of class. Credit may be used for privates or classes and is transferable. Credit must be used within 120 days.

"Pet, Problem or Performance! Every dog can be a Wonder Dog!"