

Country Pets Bed N Breakfast & Training

Basic/Advanced Obedience

\$70 for Basic/Advanced group class 8 wks
\$60 for Puppy Class 6 wks
\$85 Private Lessons

Handler's Name: _____ Dog's Name: _____

Dog's Breed: _____ Dog's Birth date: _____

Address: _____ City, State, Zip: _____

Phone: Home: _____ Work: _____ Other: _____

E-mail (print very clearly): _____

Age Requirement: Your dog must be 6 months old or older at time class begins.

Location: We will announce the location of the class prior to start of class.

*****Unaltered dogs may attend class, however Female dogs in heat are not allow to attend class*****

Vaccination form MUST accompany the Enrollment Form. This policy is strictly enforced for the protection of each dog enrolled. Thank you for your cooperation.

In consideration of the acceptance of this application, the owner and handler hereby releases and agrees to hold harmless Country Pets Bed & Breakfast & Training, LLC., its officers, instructors and board of directors thereof, from any liability for damages or loss, if any, suffered or sustained by the owner or handler of dogs as a result of personal injury or property damage occurring in connection with or during such training. This registration fee is applicable ONLY to this session and is refundable ONLY PRIOR TO THE FIRST CLASS, after that date NO REFUNDS WILL BE MADE.

Signature: _____

Date: _____

Mail enrollment form, Vaccination form & payment, to:
Kristal Couch
24512 S 4350 Rd Vinita, OK 74301
918-373-2519
countrypetsbnb@gmail.com

Office Use Only

Date:
Amount:
Chk#:
Conf'd?
Initials:

Country Pets Bed N Breakfast & Training

Certificate of Vaccination

Please complete and submit this Certificate of Vaccination with your enrollment form. It **MUST** be signed by your veterinarian. Enrollment will **NOT** be accepted for any Obedience class without an accompanying Certificate of Vaccination form.

Please PRINT Clearly

Owner:

Name: _____

Address: _____

Phone: _____

Email: _____

This is to certify that I, _____ (Veterinarian's name),
have vaccinated the animal described below for distemper/parvovirus and rabies, on
_____ (date).

Dog's Name: _____ Date of Birth: _____

Breed: _____ Sex: _____

Color & Markings: _____

Veterinarian Signature: _____

Veterinary Clinic: _____

Address: _____

Phone: _____