

**K-9 KORNER Inc.**  
**Dog Training Class Sign-up Sheet**

Owners Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell/Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Neutered/Spayed Y N  
Breed \_\_\_\_\_

Date of Vaccinations: Rabies \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Distemper \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parvo \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Veterinarian's Name \_\_\_\_\_

Clinic's Name \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING**

Remember, you are responsible for your dog's actions at all times. You must be able to control your dog well enough to prevent attacks on other dogs or people to enroll in this class.

I hereby absolve the instructor of the training class, and the owner and operators of K-9 Korner Inc. of any and all responsibility for any and all accidents or injuries sustained during the training session or while on the premises. I accept full responsibility for any all actions of my dogs in my possession.

Signed: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_