

P.A.A.L's 4 Life Dog Training

Angie Leaming
(604) 791-3647
paals4life@shaw.ca

REGISTRATION FORM

Puppy Beginner Outdoor Distraction Intermediate Private Trick Recall
(Please circle which class)

Date: _____

Class Fee: \$ _____ Discount: % _____ Paid Via: Cash Check E-trans

Date of Payment _____ Receipt No: _____

First Name: _____ Last Name: _____

Address: _____

Home Phone: (604) _____ Cell: (604) _____

Email: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Birth Date: _____ Sex: Male Female

Spay/Neuter: Yes No Copy of Vaccination Report: **Mandatory**

Start Date: _____ End Date: _____

Signature: _____