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Dog Behavior Classes
Agility Classes
Private Lessons
Behavior Consultations
for dogs and cats

REGISTRATION FORM

Class: _____ **Starting:** _____

Owner Profile:

Owner First & Last Name: _____ Date: _____

Phone: _____ (hm) _____ (wk) _____ (cell)

Email: _____

Mailing address: _____

Handler at the class (if different from owner): _____

If under 18, age of handler: _____ If different from above, handler's phone: _____

How did you hear about the classes/ Whom may I thank? _____

Pet Profile:

Calling Name: _____ Female Male neutered/spayed

Breed: _____ Date of birth: _____

1) Last 5-Way/ DHPPi Vaccination: _____/_____/_____ 1 yr 3 yr

3) Last Rabies Vaccination (dogs 6mo and older): _____/_____/_____ 1 yr 3 yr

2) Last Bordetella Vaccination (dogs 6mo and older): _____/_____/_____

4) Deworming OR negative fecal sample (the latter done at the veterinarian) within the last 3 months:

Fecal sample: _____/_____/_____ at (Vet. Clinic) _____ Result: _____

OR dewormed: _____/_____/_____ with _____

Training history: my dog has been at the following class(es):

Puppy class Obedience class Others _____

Payment Policy:

Please include your payment with this registration. Only the payment will secure your spot.

After the first session, there is no cash refund available for missing any sessions or quitting class. If a session is canceled by the trainer, the class will be finished one week later to assure the completion of 6 sessions.

I hereby declare, that to the best of my knowledge, my dog is free of any health problems (e.g. musculoskeletal or visual disease) that would increase the risk of injuries to my dog while participating at the agility class.

Signature: _____ Date: _____

To be completed by the instructor:

Class fee collected: cash check Amount: \$ _____ Date: _____