

Training Registration Form

Client Information: Name: Address: Zip Code: _____ City: State: ____ _____ Phone: E-mail: How did you hear about So Fetch Dog Training? **Client's Dog Information**: Breed: _____ Age: _____ Color: _____ Sex: ☐Male ☐Female Weight: _____ Spayed/Neutered: YES NO Up-to-date Vaccinations? ☐YES ☐NO Medical Issues: Veterinarian's Name: Veterinarian's Address: _____ Reason(s) for Training: Fees Owed: sessions are each 1-hour and each package includes a 30 min Refresher session \square 4 sessions \square 6 sessions \square 8 sessions \square 10 sessions \$300 \$440 \$575 \$700 Method of Payment: □Cash □Check □Credit □PayPal