Training Class Enrollment Form



2250 Daniels Street Long Lake, MN 55356 Phone: (952) 473-3647 Fax: (952)767-0757

augustakathryn@gmail.com

Date	
Date	

CLASS DESIRED:	Time Preference:	2nd Choice:
First Name:	Last Name:	Phone:
Address:		
Email:		
Dogs Name:		
Date of Birth/Age:	Veterinarian:	Phone
Vaccinations: DHLPP	Rabies	Bordetella
	edience struggles, i.e. coming when called,	sit to greet, etc.?
What would you like to gain fro	m your dog's training with Augusta?	
•	•	at are required IN ADVANCE of first class. See do not offer make up classes and do not offer refund
Class Fee: \$120.00per session (6 classes per session, meeting weekly)	
Payment Method:	Check #	
Credit Card #	Exp:	3 Digit CodeZip Code
Signature:		