

Hunterdon K-9 Center_{LLC}
631 Route 12 West, Flemington, NJ 08822
908-237-1389
hunterdoncaninecenter@yahoo.com

Owner's Name: _____ Handler (if different): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

Dog's Name: _____ Breed: _____

Age/ DOB: _____ DHP/Parvo vaccine expires: _____

Rabies vaccine expires: _____ Veterinarian's Name/ phone: _____

Has your dog ever bitten a person or dog? yes no

If yes, please explain _____

Where did you hear about Hunterdon K-9 Center Veterinarian Web site
 Pet Store Newspaper
 Match show bulletin
 Referred by :

Class Enrolling: _____ Class Start date: _____

Risk waiver and release form:
I understand and agree that Hunterdon K-9 Center LLC will not be responsible for any and all injuries (including, but not limited to, actions of other class dogs), damages, illness or losses that may occur while I, my dog or family or guests attend class or within the facility and its grounds. No refunds will be given for missed classes. If class is canceled, a make up class will be scheduled or an adjustment to the next session will be given.

Signature	_____	Date	_____
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Make Checks Payable to: Hunterdon K-9 Center