

Hunterdon K-9 Center<sub>LLC</sub>  
631 Route 12 West, Flemington, NJ 08822  
908-237-1389  
Email: [hunterdoncaninecenter@yahoo.com](mailto: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 <sub>LLC</sub> 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	_____
-----------	-------	------	-------

Make Checks Payable to: Hunterdon K-9 Center