



REGISTRATION

APPLICATION

DATE

PROGRAM REGISTERING FOR

NAME

First Name

Last Name

ADDRESS

Street Address

Postal / Zip Code

City

State / Province

EMAIL

CELL NUMBER

DOG(S) NAME-

☐

Male

☐

Female

AVAILABILITY

DOG BREED / HISTORY

Breed

Yrs Owned

Adoption Circumstance
Birth/Rescue

Training Needs - Obedience / Behavioral / Reactivity
briefly explain issue

Signature

THANK YOU FOR YOUR INFORMATION, PLEASE NOTE, YOUR DOG (S) AND YOUR PERSON (S) ARE TRAINING IN OUR FACILITY UNDER INSTRUCTION OF ONE OF OUR TRAINERS. NEW LEASH ON LIFE TRAINING ACADEMY INC., DOES NOT TAKE RESPONSIBILITY OF ANY MEDICAL ISSUE TO EITHER HUMAN OR CANINE, INJURY TO HUMAN OR CANINE, OR ACCIDENT TO, HUMAN OR CANINE, THAT COULD OCCUR DURING TRAINING SESSIONS IN OUR FACILITY. ALL REGISTRATION FEE'S ARE DUE ONE WEEK PRIOR TO COMMENCEMENT OF TRAINING SESSIONS AND ARE NONREFUNDABLE OR LEFT UP TO THE DISCRETION OF MANAGEMENT.

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