



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-****AVAILABILITY** Male Female**DOG BREED / HISTORY**

Breed

Yrs Owned

Adoption Circumstance
Birth/RescueTraining 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 DIGRESSION OF MANAGEMENT.