

# CLASS REGISTRATION SHEET

PLEASE ENROLL ME IN THE FOLLOWING CLASS:

\_\_\_\_\_

Class	Date	Time
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Class fee is \$380 for 7 one-hour sessions.  
Please make your check payable to FOLLOW MY LEAD and mail with this registration sheet to 117 West 74th Street, #4B, NYC, NY 10023

**KINDLY FILL IN THE INFORMATION BELOW.  
WE WILL CALL YOU TO CONFIRM YOUR CLASS UPON RECEIPT OF YOUR CHECK.**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: \_\_\_\_\_

Last vaccination date: \_\_\_\_\_ DHLP \_\_\_\_\_ Parvo \_\_\_\_\_ Rabies \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Where was your dog purchased/adopted/found? \_\_\_\_\_ At what age? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is your dog friendly with people? \_\_\_\_\_ Dogs? \_\_\_\_\_ Children? \_\_\_\_\_

What are your goals and/or problems? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I release FOLLOW MY LEAD and any of its trainers from any liability.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

**All dogs should be inoculated and free of parasites, fleas, and ticks.  
We cannot guarantee your place in class without prior written registration.  
Refunds will be given until after the first class.**