



GOLD LEAD REGISTRATION FORM

HANDLER: _____ CLASS: _____

NAME: _____ TELEPHONE: (W) _____ (H) _____

Previous experience in training/showing dogs: _____

What you would most like to learn from this class? _____

How did you find out about the class? _____

DOG:

NAME: _____ BREED: _____

AGE: _____ SEX: _____

Level of training your dog has: _____

What advantages do you feel your dog has? _____

What concerns do you have about training your dog? _____

What plans do you have for this dog in the next 2 years? _____

WAIVER

I realize that I am responsible for my dog's actions, any loss or damage to property or person caused by myself or my dog, and further, that I am responsible for my own safety and the safety of my dog.

Signature _____ Date _____

Witness _____ Date _____