

REGISTRATION FORM

date \_\_\_\_\_

Dog's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Classes	Selection		Tuition	NM County GRT 6.625%	TOTAL
<b>Canine Communication 101</b>	<input type="checkbox"/> Group Clinic	Six One-hour Sessions	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Six One-hour Sessions	\$300.00	\$19.88	<b>\$319.88</b>
<b>Canine Communication - Level 2</b>	<input type="checkbox"/> Group Clinic	Six One-hour Sessions	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Six One-hour Sessions	\$300.00	\$19.88	<b>\$319.88</b>
<b>Puppy Communication 101</b>	<input type="checkbox"/> Group Clinic	Six One-hour Sessions	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Six One-hour Sessions	\$300.00	\$19.88	<b>\$319.88</b>
<b>Scent Class</b>	<input type="checkbox"/> Group Clinic	Six One-hour Sessions	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Six One-hour Sessions	\$300.00	\$19.88	<b>\$319.88</b>
<b>Take a Walk on the Wild Side</b> (aka Loose leash walking clinic)	<input type="checkbox"/> Group Clinic	Four One-hour Session	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Four One-hour Session	\$300.00	\$19.88	<b>\$319.88</b>
<b>Clicker Training Clinic</b>	<input type="checkbox"/> Group Clinic	Six One-hour Sessions	\$135.00	\$8.94	<b>\$143.94</b>
	<input type="checkbox"/> Private	Six One-hour Sessions	\$300.00	\$19.88	<b>\$319.88</b>
<b>Single Sessions</b>					
<b>Problem Solving Consultation</b>	<input type="checkbox"/>	One-hour session*	\$75.00	\$4.97	<b>\$79.97</b>

\* Ask about our packages with reduced rates.

**What do you hope to get from the class or session? (feel free to continue on back)**

Send completed Registration Form, Information Form, Vaccination records and payment checks in advance to:

CJ's Canines LLC  
 c/o Candy Jones  
 1704-B Llano Street  
 #217  
 Santa Fe, NM 87505

**Terms of Agreement**

1. In advance of the first session, CJs Canines, LLC must receive completed Registration and Information forms, copies of vaccination records and payment in full (by check).
2. Group Clinic tuition payment is required in advance and is non-refundable.
3. Absence of two or more class sessions forfeits the pet to receive graduation certification.
4. CJ's Canine's LLC Instructor holds the right to discontinue a pet or owner's participation in a class if the instructor determines that the health and welfare of other participants are at stake.
5. For private sessions, a minimum of 24-hour notice is required to cancel and re-schedule a session; failure to do so forfeits that session.

I agree to Terms: Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name Printed \_\_\_\_\_



INFORMATION FORM

date \_\_\_\_\_

**Dog's Name** \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_  
**Sex**      Male    Female      **Neutered/Altered?** Yes No

**Owner's Name** \_\_\_\_\_  
Email Address \_\_\_\_\_  
Cell # \_\_\_\_\_  
Home # \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Veterinarian Info	
Doctor's Name	_____
Contact #	_____
<b>Vaccinations Expirations:</b>	
**copies of records must be presented prior to class**	
Rabies Expiration Date	_____
Distemper/Parvo Expiration Date	_____

Physical Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**  
Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_

**How long have you owned this dog?** \_\_\_\_\_

**Any prior training?**      Yes No  
if yes, please describe: \_\_\_\_\_

**Current Behavior Issues (check all applicable)**

Pushy / Dominant \_\_\_\_\_      Guards food / toys \_\_\_\_\_      Doesn't listen \_\_\_\_\_

Fearful / Shy \_\_\_\_\_      Too attached to me \_\_\_\_\_

Other issues? Please describe (continue on back if you like) \_\_\_\_\_

Has your dog bitten you, someone else or another dog?      Yes No      If yes, please describe (continue on back if you like)

**Your Household**      (continue on back of sheet if you like)

Members - [please include names, ages] \_\_\_\_\_

Other Pets - [number of types, ages] \_\_\_\_\_