



TRAINING LOCATION - *THREE NOTCH VETERINARY HOSPITAL*

MAKE CHECKS PAYABLE TO : BRIAN MARKOWICH

*MAIL FORM AND CHECK TO:
BRIAN MARKOWICH
41095 KNIGHT ROAD
LEONARDTOWN MD, 20650*

TRAINING REGISTRATION

*Circle one: Basic or Intermediate
Circle a preferred time: 8:30 am or 10:00 am (both may not be available)*

For Puppy's under 16 weeks, please contact: training@dogboyobedience.com

Name _____ Phone _____ Home

Address _____ Work

e-mail _____

Name of Dog _____

Breed of Dog _____

Age

Sex

Spayed/Neutered?

Shot Record:

Distemper/Hepatitis

Parvo-virus

Bordatella

Rabies

Checked:

Has this puppy had any previous training?

Has this puppy ever shown aggression?

If yes, is this aggression toward people? - toward dogs? (Circle one)

Please list below any problems and/or questions regarding this puppy's behavior you would like the instructor to be aware of or to address.

I understand and agree that I am solely liable for my dog and his/her actions which may affect persons or property during training. I release Brian and Amy Markowich, Gryphon Obedience and Three Notch Vet from any liability for any damage or injury to myself, my property, or my pet due to interactions with other pets/owners during training.

Owner/Handler Signature(s)

ENJOY THE CLASS