

# Dog Obedience Registration Form

Lakeside Dog Training – Ryan Barney

[www.dogtrainingnh.com](http://www.dogtrainingnh.com)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone:home \_\_\_\_\_ Office/cell \_\_\_\_\_

E-mail \_\_\_\_\_

Dog: Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Please describe any temperament Issues your dog may be experiencing:

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Please describe any physical/health condition(s) that handler or dog may have that may interfere with training or in any way limit your class participation:

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Class Starting Date: \_\_\_\_\_ Class Type \_\_\_\_\_

Day : \_\_\_\_\_ Time \_\_\_\_\_

Number of people attending the Class \_\_\_\_\_ Class Fee \_\_\_\_\_

---I attest that my dog has is up to date on vaccinations. \_\_\_\_\_

A copy of your vaccination records is required or you may supply your vets info below:

Name of your Vet \_\_\_\_\_ Phone number: \_\_\_\_\_

Please make checks payable to **Ryan Barney**

**Please mail your registration to:**

**Ryan Barney**

**PO Box 344**

**New Hampton NH 03256**