



**ANIMAL SERVICES**

## DOG TRAINING AND BEHAVIOR ENROLLMENT FORM

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Referred By \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cel \_\_\_\_\_

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

CLASS FEE: \$225.00 Check # \_\_\_\_\_ Cash \_\_\_\_\_

MC/VISA/AMEX \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name On Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please fill out the fee payment information at left, indicate class date, time and location below, and send to (*Do not send cash*):

**Animal Services**  
8720 Venice Blvd., Suite 201  
Los Angeles, CA 90034

Please enroll me in the \_\_\_\_\_ class starting on \_\_\_\_\_ at \_\_\_\_\_ am / pm.  
*day of the week month and date time*

I absolve and agree to indemnify and hold harmless: (*Check the appropriate location*)

- Santa Monica** - Animal Services, the City of Santa Monica, its employees, officers or agents
- Beverly Hills** - Animal Services, Amanda Foundation, Dr. Shipp's Animal Hospital, its employees, officers or agents
- Pacific Palisades** - Animal Services, Collar and Leash, its employees, officers or agents

from any liability which may result from my participation, or that of any minor in my legal custody in the above activity. If the participant is a minor, I also give my permission in the above activities, and for any necessary emergency medical treatment. If using a credit card, I authorize Animal Services to charge my credit card and acknowledge that my class fee is non-transferable and non-refundable. **IMPORTANT:** Registration will not be processed without the location check mark and signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If minor, parent or legal guardian*