

Which Course are you signing up for:		
Your Name:		
Address:City/Town_:		Гоwn_:
Postal Code:	Phone: (H)	(Cell)
E-mail address		
Dog's Name:	Age:	
Breed or Combination	of Breeds (if known):	
(Please circle) Male ~ F	emale / Neutered ~ Spayed	
Does your dog have an	y health issues we should know a	about:
Date of last Vaccine? _		
Dog's Veterinarian?		
Has your dog had any p	professional training in the past_	
We often share photos this be okay with you,		our FB Group, or on our Website – would
Payment Method - (ci	rcle) E-Transfer / Cash Amt:	
	Waiver/Rele	<u>ease</u>
agree to not hold Talkin belongings may suffer of	ng Canines or their staff liable fo luring attendance and/or particip	r Private Lesson are not without risk, and I or any injury or damages, I, my dog, or pation of these courses, and I assume the risk while attending these courses and/or training
Signature:		

E-mail completed form to <u>talkingcanines@gmail.com</u>