

ANIMAL INN CONFORMATION PROGRAM

CLASS – Beginning conformation -- adults or juniors

Office Use Only
Class Fee \$ _____
Amt Paid \$ _____
Chk # _____

Start Date - _____	Time - _____	Cost - _____	Runs for 8 Weeks
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NAME _____

ADDRESS _____

Daytime Phone _____

Evening Phone _____

E-mail address _____

Dog's name _____ Breed _____

Dog's DOB _____

Veterinarian _____ Rabies Dt _____ DHLP Dt _____

Level of experience (circle one) Beginner Some Experience Experienced

The owner of each dog is responsible for the behavior of his/her animal and will not hold the Animal Inn Training School and/or it's instructors responsible for any damages to property, other animals or personal injury to himself/herself or other persons, while attending class.

I agree to abide by this rule and other class rules as they are stated.

(date)

(handler's signature)

**Advanced registration required. Send application and \$40.00 non-refundable deposit to:
ANIMAL INN TRAINING SCHOOL 8633 34th Street North Lake Elmo, MN 55042**