

# Canine Corral Training

Trainers:  
Becky Edwards  
Jake Wiggins  
Shaelee Foshier

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dogs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Dogs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Sex \_\_\_\_\_

I, the undersigned owner, hereby make application for the purpose of entering the above named and described dog(s) for training. I realize accidents, injuries and illnesses occur, and hold the owners, volunteers, employees and /or agents harmless in such an event. I further agree to hold the aforementioned parties harmless from any claim for loss of this dog(s) by disappearance, theft, death or otherwise, and from claim for damage or injury to the dog(s). In the case of accidents, injuries, and/or illnesses I hereby give Canine Corral permission to either treat a minor case at the kennel or take my dog to a vet clinic if they feel it is necessary.

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

**Payment in full is due at the time of drop-off.**

Payment Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card # \_\_\_\_\_ Ex Date \_\_\_\_\_

3 digit code \_\_\_\_\_ Zip code \_\_\_\_\_

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Please list your training expectations below