



K-9 Healers

Obedience Class Enrollment

Fill out this form, print it and send with your check to:

Gail Furst
2874 Tom Campbell Road
Branchport, NY 14418
(607) 522-7818

deepeace.rural@gmail.com

Please see [agreement](#) form which will be required prior to class beginning.

Please print when filling out the form. Please make checks payable to: K-9 Healers

Owner's Name: _____

Dog's Call Name: _____

Dog's Age: _____ Breed: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Work: _____

E-mail: _____

Date of latest Vaccination/Titer for:

Rabies: _____ DHLPP _____

Have you trained a dog before? _____

How did you hear about this class? _____

What do you expect to learn in the class? _____