

Joshica's Planet Canine, LLC
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Class Registration Form

Class Name: _____ Starting Date and Time: _____

Client's Name: _____

Address: _____

Phone: _____ e-mail: _____

Dog's Name: _____ F/M: _____ Breed: _____

Age: _____ Spayed: _____ Neutered: _____

If dog is under a year of age at end of six weeks course are you wanting to participate in AKC S.T.A.R Program? _____

Referred by: _____

Please bring proof of vaccinations to first class!

Staff Initials: _____

The owner will assume full responsibility for self, their dog, guest, and/or family members attending the class. The owner will also agree to not hold any of Joshica's Planet Canine staff, instructors or any of its affiliates for illness, injury or loss that may occur to them, their dog, guest, and/or family members attending the class.

Signature: _____ Date: _____

Below this line is for office use only!

Paid amount: _____ Check #: _____ Cash: _____ CC: _____

Received by: _____