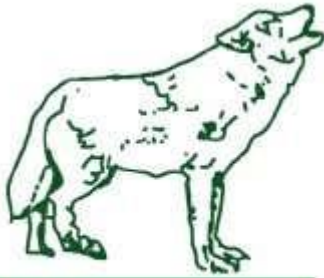


WEBAPO CANINE TRAINING



WEBAPO CANINE TRAINING

**PRIVATE AND GROUP
CLASSES**
Patricia Audibert
Trainer
Behavior Counselor

505-565-0522
audibert.patricia@gmail.com

TRAINING REGISTRATION FORM

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____

Spayed/Neutered?: _____ Age Obtained: _____

From Where?: _____

Have you owned a dog before?: _____

Have you trained a dog before?: _____

How did you find out about us?: _____

Please return this completed registration form, a copy of your dog's inoculations, and your check for \$90.00 payable to WEBAPO CANINE TRAINING.

Class size is limited. Applications will be accepted on first come first serve basis.

Class Date: _____ Time: _____

** Additional information and a waiver form that needs to be signed will be made available after receiving this registration form.