



Family Pet Consultants
200 Republic Avenue, Unit C
Joliet, IL 60435
Telephone: (815) 725-3939
Fax: (815) 254-8466

Mail or Fax Family Pet Consultants Enrollment Application for Dog Training Courses

Please fill out this application and either fax or mail it to Family Pet Consultants.

Training Agreement and Registration Requirements:

I hereby apply for enrollment in the Family Pet Consultants' dog training course(s) indicated below. If an emergency arises that causes me to drop out during the course(s), I may, with instructor approval, transfer to a later course(s). I understand that occasionally, photographs or video footage may be taken of animals that are attending courses at Family Pet Consultants.

____ I have read and understood the Course Rules and Regulations prior to enrolling in a course(s).
Initial

____ I grant Family Pet Consultants my permission to use any photographs or video of my pet
Initial for advertising or educational material.

____ I understand that any photographs or videos are the sole property of Family Pet Consultants.
Initial

NOTE: Course size is limited in all courses and enrollment is on a first-come, first-serve basis. Your enrollment will be confirmed via email or telephone.

Please check the box that indicates how you would like your enrollment confirmed:

Telephone Email

Mail or Fax Family Pet Consultants Course Enrollment Application for Dog Training Courses

Course(s): Check off all that apply.

- Puppy Kindergarten Day: _____ Time: _____ Start date: _____
- Puppy Elementary Day: _____ Time: _____ Start date: _____
- Adult Manners Day: _____ Time: _____ Start date: _____
- Clicks 'n Tricks Day: _____ Time: _____ Start date: _____
- Puppy Playgroup Day: _____ Time: _____ Start date: _____
- All Ages Playgroup Day: _____ Time: _____ Start date: _____
- Feisty Fido Day: _____ Time: _____ Start date: _____
-

Owner: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (____) _____

E-mail: _____ *To confirm your enrollment.*

Dog's name: _____ Breed: _____

Dog's Age: ___ year ___ months Sex: ___ F ___ M ___ Spayed ___ Neutered

1. If your dog has ever shown aggressive behavior, please describe in detail any incident(s) that have occurred and the reaction of your dog and the reaction of the people and/or animals involved.

2. Please describe any health issues and/or prescribed medication(s) that relate to your dog.

Please download the following, [Common Dog Problems Form](#), and bring to class with you or anytime during the course.

PLEASE NOTE: Payment can be made by PayPal or by mailing a money order to Family Pet Consultants. Payment is required at the time of enrollment and received in our office at *least 5 days* before a course begins.

I have read and understood the above regarding this application. I hereby certify that I am aware that the training and handling of animals presents a risk of personal injury or property damage to myself, to my animal, and to any members of my family. In consideration for being allowed to enroll myself, my animal or any member of my family in the course or training program I hereby assume FULL RESPONSIBILITY for any actions of the dog(s) entered above. I agree to hold harmless and indemnify Family Pet Consultants, its owners, and agents, from all liability for personal injury to myself and any children in my charge, including death, injury to my dog, or property damage in any way resulting from enrollment and attendance in this course. Any legal expenses, losses, costs, or damages incurred in defense or enforcement of this contract shall be the total responsibility of the owner of the animal.

READ, UNDERSTOOD, AND AGREED:

Owner's Signature: _____

Date: _____

Handler's Signature: _____

Date: _____

**Please make checks payable to *Family Pet Consultants*.
Day-of-Course Payments are accepted - please add \$5.00**

Thank you!

Mail to: Family Pet Consultants, 200 Republic Avenue, Joliet, IL 60435

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