

## **Integrated K9 Services**

## **Registration Form**



Owner'sName:			
Address:		_ City:	
Postal Code:	Phone #:	Cell #:	
Email Address:	Kennel:		
Dog's Name:	Breed:	Age:	Sex:
Spayed or Neutered:	Date of Last Vacci	nes:	
Vet Clinic:	Phone No:		
Behaviour or Health Issue	es:		
Group Program:	Priv	ate Program:	
	ames St., Hamilton		
	St. West, Ancaster		
Other:	45 45 45	de de de .	is sis
precautions and due diligent owners of facilities and estate or property, lost, damaged includes the <b>Bordetella</b> valentry or may ask handlers wear equipment that is	the required for the safety of all of ablishments will not be held response to the stolen items, equipment or processing the cough). The instrand their dogs to leave if they for approved by the instructor as	f facilities and establishment(s) a logs, handlers and visitors. Integronsible for any injuries to dogs or operty. All dogs must show recent actors/trainers, facility owners of sel that there is an unsafe condition and handlers agree to comply on must be obtained from the	ated K9 Services, contractors, people, damage to equipment at proof of vaccinations which r representatives may refuse on or situation. All dogs must with all training methods,
actions by any persons or a aware of the abilities of do Owners/handlers, and thos or group, are prepaid and completed within 4 weeks of	nimals in the facility or during a gs and that any deviation from e participating in classes with the d non-refundable. Credit will	facilities and establishment(s), we ny training session privately or in the instructor's direction could reem, are responsible for their dog's not be given for missed classes. It is gother arrangements acceptable to al media.	n a group. The handler(s) are esult in an injury or accident. actions. <b>All classes, private</b> Any missed classes must be
By giving us your email and	or home or cell phone number, y	ou are giving us permission to cor	ntact you.
Signature:		Date:	
Cost of Program:	Date of Payment:	·	Cheque #:

(Payment by cheque, cash or e-transfer please)

(Please make cheques for Hamilton classes payable to Wendy Maeots)

www.Integratedk9.ca