Happy Tails Lodge

Group Training Course

Owner Name: _____

Phone Number: _____

Dog Name: _____

Dog Age: _____

Dog Breed: _____

Dog Gender: _____

Spayed/Neutered? _____

Previous Training? _____

Special Concerns? _____

Course Dates: _____

Signature: _____

Date: _____

For Happy Tails Lodge Staff Use Only:

Date Received: _____

Date Paid: _____

Initials: _____