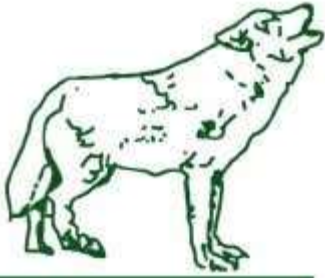


WEBAPO CANINE TRAINING



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 and a copy of your dog's inoculations to WEBAPO CANINE TRAINING, 26 Orona Road, Los Lunas, NM 87031

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.