

McMahon's Dog Training Academy
www.mcmahondogtraining.com

Client Registration Form

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Sat. Morn _____

Start Date of Class _____

Dogs Name _____ Age _____ Sex _____

Temperament _____ Breed _____

Owners Name _____ Phone _____

Address _____

E-Mail _____ Name of Vet _____

How did you hear about us? _____

Has your dog had any formal training Yes _____ No _____

If yes where and when _____

What type of training do you want In Board? _____ Private? _____

Group? Year Membership? _____

Amount Paid _____

We are not responsible for any damages to any persons or dogs on the property.

All moneies paid to McMahon's ARE NON-REFUNDABLE.

Signature of Client

Signature of Staff