



23 Morris-Sussex Tpke, Andover, NJ 07821

CLASS ENROLLMENT FORM

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: Home (____) _____ - _____

Work (____) _____ - _____ Email: _____

Dog's Name: _____

Dog's Breed: _____ Color: _____

Dog's Age: _____

Class(es): _____ Day or Evening _____ Fee Enclosed \$ _____

How did you hear about Golden Rule? _____

AGILITY CLASS CHECKS PAYABLE TO: AMBER BALUKAS (mail to above address)
Class fees payable to Golden Rule School for Dogs, LLC to address above

I attest that my dog has had the following vaccinations on the dates stated:
(Please attach a xerox copy of your dog's vet records)

Distemper Parvo Parainfluenza (DHPP) Rabies*: ____/____/____
*Puppies under 6 months of age are exempt from the rabies requirement

I understand that attendance at a dog training facility is not without risk to myself, members of my family or guests who may attend, or my dog. I hereby waive and release Golden Rule School for Dogs, LLC, its instructors or agents from all liability of any nature resulting from the actions of any dog while on or in the training grounds or surrounding area.

Signature/Date _____

The instructor reserves the right to excuse any dog that persists to be vicious in nature.