

# ***EAST COAST KENNELS***

***Perrineville, NJ 08535***

***609-490-1231***

***If you are interested in reserving a position for any of these classes, please fill out the registration form and mail it back to us, along with a check in the amount of \$400.00, endorsed to “Lisa Arpaia”.***

***\*\*\*Please bring to your first class, the updated vaccination record of your pup. It is mandatory that your pup has received his/her bordetella vaccination at least 10 days prior to their first day of class.***

***Private classes also available, please call for a schedule of available times.***

***Sincerely,***

***Lisa Arpaia  
917-841-9022 (Cell)  
609-490-1231***

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917-841-9022

# East Coast Kennels Training Registration Form



Name \_\_\_\_\_ Referred By: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home(\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Fax Number(\_\_\_\_\_) \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Vet's Name \_\_\_\_\_ Vet's Phone(\_\_\_\_\_) \_\_\_\_\_



*This is a BASIC DOG OBEDIENCE Class*

*We agree to meet once a week for approximately 1 hour.*

*Class Fee: \$ 400.00 Start Date \_\_\_\_\_ To: \_\_\_\_\_*

*Time: \_\_\_\_\_ To: \_\_\_\_\_*

*Location: Perrineville New Jersey 08535*

## **Release Of Liability**

I, (Owner's Name) \_\_\_\_\_, as the legal owner of, (Dog's Name) \_\_\_\_\_ do hereby waive and release, Lisa and Tony Arpaia of East Coast Kennels, from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, before, after and during these training courses. At no time will the trainer's of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to the ongoing training sessions.

Owner's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_