



Kindred Souls Canine Center LLC

75 Brown Road Howell, NJ 07731

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Registration Form

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY _____ STATE _____ ZIP _____

Canine Information: CALL NAME _____ DOG'S AGE _____

BREED _____ COLOR _____ SEX _____ NEUTERED/SPAYED Yes ___No___

HOW DID YOU OBTAIN YOUR DOG _____

HOW LONG HAVE YOU HAD THIS DOG? _____

PLEASE LIST WHAT YOU LIKE ABOUT YOUR DOG _____

PLEASE LIST ANY PROBLEMS YOUR DOG IS HAVING? _____

PREVIOUS TRAINING _____ YOUR TRAINING GOAL _____

HOW DID YOU HEAR ABOUT KINDRED SOULS? _____

DO YOU OR YOUR DOG HAVE ANY MEDICAL /PHYSICAL PROBLEMS? _____

VETERINARIAN'S NAME/PHONE: _____

I attest my dog has had the following vaccinations on the dates stated below:

Distemper: ___/___/___ Parvo: ___/___/___ Parainfluenza ___/___/___ Rabies:* ___/___/___

** Puppies under six months of age are exempt from Rabies requirement:

Please note: All puppies are required to have their shots prior to entering the grounds.

CLASS YOU ARE REGISTERING FOR _____ DATE/TIME CLASS BEGINS _____

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 Kindred Souls Canine Center 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 and surrounding area. Refunds are given only for reasons of illness or death. Otherwise credit for a future class is allowed for up to one year.

SIGNATURE: _____

(Must be over 18 years of age or provide signature of Parent or Guardian)