



53 Maple Avenue Scotia, NY 12302 • 518-374-3944 • www.animalprotective.org

Pet Academy Registration Form

Class title _____ **Class start date and time** _____

Name of handler _____ Handler's age (if under 17) _____

Note: Handlers must be at least 14 years of age. An adult must accompany handlers under 17.

Address, City State Zip _____

E-mail address _____

Home phone _____ Work phone _____

Name of dog _____ Breed _____ Age of dog _____

Sex M F Spayed or neutered? Y N Age spayed/neutered _____ Age obtained _____

Where was your dog obtained? APF Breeder Stray Neighbor/friend Ad in paper
 Rescue group or other shelter (name if known) _____

Have you ever trained a dog before? Y N When and where? _____

Briefly state problems or issues that have brought you to class. Be specific. Continue on back if needed. _____

Class was required with APF adoption. Y N

To help us better accomodate you, please tell us if you or your dog have have any hearing or other physical limitations.

Who is your veterinarian? _____

How did you hear about our classes? _____

Reminder: DO NOT BRING YOUR DOG TO THE FIRST CLASS!

Please check appropriate class and payment amount:

<i>I am registering for:</i>	Regular payment enclosed:	I have adopted from the APF within the past two months:	My dog graduated from APF Pet Academy within the past two months
<input type="checkbox"/> Puppy Pre-School	<input type="checkbox"/> \$85	<input type="checkbox"/> \$70 (\$15 discount)	-
<input type="checkbox"/> Basic Manners 101	<input type="checkbox"/> \$85	<input type="checkbox"/> \$70 (\$15 discount)	<input type="checkbox"/> \$75 (\$10 discount)
<input type="checkbox"/> Canine Good Citizen	<input type="checkbox"/> \$95	<input type="checkbox"/> \$80	<input type="checkbox"/> \$85 (\$10 discount)
<input type="checkbox"/> Other _____	<input type="checkbox"/> \$ _____		

We request receipt of your registration form, payment, and proof of vaccinations at least two weeks prior to the start of class. We cannot reserve your spot in class without these items.

Refund Policy: Full refunds may be issued if your cancellation occurs at least two weeks prior to start of class. If less than two weeks, a \$10 processing fee will be deducted from refund amount.

APF use only: Payment Rec'd _____ Disc. Type _____ Vac Rec. Rec'd _____ Initial _____ 1/08