



53 Maple Avenue • Scotia, NY 12302 | (518) 374-3944 x111 | www.animalprotective.org/canine-academy

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 code _____

Email address _____ Cell phone _____

Home phone _____ Work phone _____

Name of dog _____ Breed of dog _____ Age _____

Sex Male Female Spayed or neutered? Y N Age spayed/neutered _____ Age obtained _____

Where did you get your dog? APF Breeder Stray Neighbor/Friend Ad in paper/online

Rescue or shelter – which one? _____

Tell us about the problems or issues that have brought you to class. Be specific, continue on back if needed.

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

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

Who is your veterinarian? _____

How did you hear about our classes? _____

Please check appropriate class and payment amount:

- I am registering for: Puppy Pre-School Basic Manners 101 Basic Manners 102 Canine Good Citizen Therapy Dog International Get In The Zone Agili-O Nosey Dogs Puppy Playtime Walking Workshop Tricks and Games

- Regular payment enclosed \$110
- I have adopted from the APF within the past two months \$95 (\$15 discount)
- I have adopted from another organization with the past two months \$100 (\$10 discount)
- My dog graduated from Puppy Pre-School or Basic 101 \$100 (\$10 discount)
- Other \$ _____

We request receipt of your registration form, payment, and proof of vaccination at least two weeks prior to the start of class. We cannot reserve your spot in class without these items. Please send copies to APF Canine Academy, 53 Maple Avenue, Scotia, NY 12302. You may also email them to caruso@animalprotective.org or fax them to (518) 346-2120.

Refund policy: Refunds minus a \$10 processing fee will be provided only if the cancellation is made at least 48 hours prior to the start of the first class. (Example: If class starts Monday, notice of cancellation must be received by Friday)

APF use only: Payment Received _____ Disc. Type _____ Vac. Rec. Received _____ Initial _____