



Gold Star Dog Training

Enrollment Form

Mail form to: 5271 Yellowstone Drive, Medina, Ohio 44256
Classes held at: Sharon Center Vet Hospital, 2131 Sharon Copley Road, Medina, Ohio 44256

Personal Information		
Name:		
Address:		
City:	State: Ohio	Zip Code:
Phone:	E-Mail:	

Dog's Information		
Name:		
Age:	Breed:	Sex:
Vet's Name:		
Vet's Phone Number:		

Class Information	
Class Taking:	
Date:	Time:

Payment Information		
Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa/MC/Discover		
Check/Credit Card Number:		
Exp Date:	CVS Number:	Amount:

I understand and agree that Gold Star and it's affiliates shall not be liable for any injury or damage to any person, animal or property, which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Gold Star, it's affiliates and its employees shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pet's participation in the program. I also understand that my dog(s) must be on a leash at all time.

Signature: _____

Date: _____