



5271 Yellowstone Drive
Medina, Ohio 44256
330-461-GOLD
www.GoldStarDogTraining.org

ENROLLMENT FORM

Date: _____

Your name: _____

Trainer over 16 years of age: _____

Address: _____

City: _____ State: Ohio Zip: _____

Phone number: _____

E-Mail address: _____

Vet's name: _____

Vet's phone number: _____

Dogs name: _____ Age of dog: _____

Breed: _____ Sex: _____

AKC number (if applicable): _____

Is your dog in good health? _____

Is your dog current on all required vaccines? _____

Has your dog been spayed or neutered? _____

Has your dog had previous training? _____

Is so please list: _____

Other health or behavioral issues: _____

How did you hear about Gold Star: _____

Please help us prepare for your first class by bringing:

A current copy of your dog's vaccination records

Leash

No choker collars please, unless you have prior approval

CLASS INFORMATION: (fill in the square)

Class Your Taking: _____

Location: _____

Date: _____ Time: _____

PAYMENT METHOD:

Cash

Check

Number: _____

Visa/MC

Number: _____

Expiration date: _____

Name on card: _____

I understand and agree that Gold Star and its 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, its 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.

Owner's Signature: _____ Date: _____