



Puppy Class
Training Registration



Please complete registration form and return to shelter or you may fax completed form to (406) 388-2877.

Human Name: _____
First Last

Address: _____

Phone Number: _____ E-Mail: _____

Dog Name: _____ Age: _____

Breed (if known): _____

Sex (please circle): M F

Spayed or Neutered: Yes No

Is your puppy updated on vaccines? Yes No

Is your puppy kennel or crate trained? Yes No

How did you hear about this class? _____

Did you adopt this puppy from HOV? Yes No

I understand and agree that Heart of the Valley 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 years must be accompanied by an adult. I further agree that heart of the Valley and its employees shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program. Heart of the Valley reserves the right to refuse or terminate training services of any pet at any time.

I understand that for the safety of all pets, proof of first vaccination being administered 7 days prior to the first class must be presented at the first class in order to participate.

Sign: _____ Date: _____

HOV USE ONLY: TO BE COMPLETED BY STAFF

Date/Time: _____/_____/_____

Proof of Vaccinations: _____ Still Needs: _____

Payment: _____ Cash/Check/Credit Card