

Space is limited and classes fill up fast. Sign-up today and reserve your space.

River Toad Aversion Add \$40 per dog

Please print clearly

Dog owner's name:			
Mailing address:		City	State:
Zip: Phone:		E-mail	
Training Location:		Preferred times:	_ Times Not Available:
Note: Appointments are scheduled in	the order in which reg	istrations are received. Morning	g appointments are usually first taken.
1. Dog's name:		Breed:	Age:
Encountered snake? Y / N Bit	ten by snake? Y / N	Avoidance Training? Y / N	When: By Whom:
2. Dog's name:	Dog's name:		Age:
Encountered snake? Y / N Bit	ten by snake? Y / N	Avoidance Training? Y / N V	Vhen: By Whom:
3. Dog's name:		Breed:	Age:
Encountered snake? Y / N Bit	ten by snake? Y / N	Avoidance Training? Y / N V	Vhen: By Whom:

For additional dogs, please use separate sheets of paper or copy this form.

*We recommend dogs be at least 6 months of age. Dogs under 6 months of age are required to undergo evaluation prior to training. Alternate training methods for your dogs are available. Dogs must be in good health and current on vaccinations (Distemper, Parvo, & Rabies). If your dog is in heat, please contact us prior to coming to a training clinic.

How did you hear about us?	Media (news/newspaper/Radio)	Pet Show/Expo	Flyer/Brochure]Referral: Friend/Family
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You must complete and sign the attached release form before we can train your dog.



Get Rattled LLC, P.O.Box 60066, Reno, NV 89506, www.GetRattled.org, (775) 234-8844, <u>GetRattledNV@Gmail.Com</u> Please do not mail in this form within 10 days of class, we may not get it in time. Within 10 days, please e-mail us to register. Get Rattled LLC is insured & licensed NDOW #396545, CPW #17TE2703, UDWR #1ENTR10047

For Get Rattled Use Only:

Date: Location:		Time:	Total #	Total # of Dogs:	
Payment: Total:	Method: Cash	Check:	Debit / Credit:	Visa MC AMEX	Pre-paid: Y / N
Certificate issued: Y/ N	Notes:				
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