

Carting Clinic Registration

Dog Info:

Breed _____

Dogs Name _____

DOB _____ Sex _____ Spayed/neutered Yes No

Dog 2 Info:

Breed _____

Dogs Name _____

DOB _____ Sex _____ Spayed/neutered Yes No

Owner Info:

Name _____ Under 18? Yes No if Yes Age _____

Address _____

Email _____

Please list any experience in Carting that you have had prior to today as well as any equipment that you will be bringing.

I personally assume all responsibility and liability for this dog entered in this clinic and hold harmless all other parties from any claim for loss or injury caused by this dog upon the clinic premises and from any claim for loss or injury of this dog entered in this clinic. I also hold harmless Cocoa Vet Hospital, Kovacs Dog Training and Carol Burke for injury to me or damage to property owned or used by me.

SIGNATURE

SIGNATURE Parent /Guardian
If under 18 years old

DATE

Clinic Date Oct. 16th, 2011

Mail registrations to

Leslie Kovacs

4500 Sheridan Ave

Cocoa, FL 32926

Fax to (321)609-9152

leslie@kovacsdogtraining.com

\$25 pre-entry (by the 15th)

\$30 Day Of Event

\$10 for second dog

Please make checks payable to

Leslie Kovacs

or visit

www.kovacsdogtraining.com

pay online with Paypal.

Info (321)323-6535