



TRAINING REGISTRATION FORM

Class: Puppy Kindergarten

Date: _____

Puppy name: _____

Birthdate: _____

Breed (if known): _____

Your name: _____

Address: _____

Phone number: _____

Email address: _____

What do you hope to get out of this class? _____

Please submit this form and your course fee of \$110 to

Canal Bark Training

4502 Airpark Blvd

Duluth, MN 55811

You will also need to fill our service agreement and dog application form (located at www.canalbark.com or available hardcopy at Canal Bark). Please submit your current vaccination records by the first class meeting. Most veterinarians are able to send your records to us directly via email to canalbark@gmail.com

Thank you! We are looking forward to seeing you and your puppy in class