

Join us at **GOLDEN GRANGE KENNELS** for our
 upcoming semester of dog training classes!

Please call for detailed information on any of the classes offered this semester. **609-324-3647**

MONDAYS	TUESDAYS 8/23, 8/30, 9/6, 9/13, 9/20, 9/27, 10/4	WEDNESDAYS	THURSDAYS	FRIDAY
	4:30 - 5:30 PM Competition Obedience Open <i>Instructor: Carol Reina</i> Cost: \$175			
	5:30 - 6:30 PM Competition Obedience Utility <i>Instructor: Carol Reina</i> Cost: \$175			
	6:30 - 7:30 PM Competition Obedience Novice <i>Instructor: Carol Reina</i> Cost: \$175			

IMPORTANT!!! PLEASE READ!!!

Class schedule is subject to change based on enrollment. Please complete the reverse side of this form to enroll in a class. One dog may be enrolled per form, per class. **Please use a separate form for each additional dog or class that you wish to enroll.** A leather or nylon leash (no retractable / flexi leashes permitted) and soft treats (sliced hot dogs, cubed cheese, etc) are required for class. A copy of your dog's current vaccination records for **Rabies, Distemper / Parvo, and Bordetella** must also be provided for all dogs enrolled in training classes, with the exception of puppies, who are expected to provide the most up to date records available. If your vaccinations expire during the course of the semester, you are required to update our records when you update the vaccination. Dogs enrolled in nose work classes must be able to rest in a crate or car while waiting their turn. All students enrolled in classes will receive a phone call, approximately one week prior to the start of class, to confirm enrollment. Please be advised that there are no refunds after the first week of classes. Payment can be made in the form of cash or check only.

2022 Dog Training Enrollment Form

GOLDEN GRANGE KENNELS, LLC

Handler's Name: _____

Address: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Dog's Name: _____ Breed: _____

Dog's Date of Birth: _____ Age Acquired: _____ Color: _____

Sex (Circle one): M F Spayed/Neutered? _____ Dog's Weight: _____

Has your dog ever bitten another dog or a person?: _____

If yes, please explain briefly: _____

Training Concerns: _____

Desired Class: _____ Day & Time: _____

**** By signing here, I assert that I have read and fully understand the information on the reverse of this form. I also agree to abide by the rules and regulations of the classes conducted by Golden Grange Kennels.**

Signature: _____ Date: _____

Return this form with your cash or check payment and **current vaccination records** to:

Golden Grange Kennels
134 Chesterfield Georgetown Road
Chesterfield, NJ 08515
Fax: 609-291-9422
Email: goldengrange@goldengrange.com
www.goldengrange.com

KEEP THIS SECTION FOR YOUR RECORDS!
QUESTIONS? Please call Joe at 609-324-3647

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	5:30 to 6:30 Competition Utility			
	6:30 to 7:30 Competition Novice			