



Course Registration Form

Please complete this form and return it to:
Melanie Phillipot, 4237 NW 55th Way, G'ville, FL 32606
Fax: 352-381-5569 Phone: 352-871-5698,
eager.pup@hotmail.com eagerpup.com

Each owner is solely responsible for her/himself and her/his dog(s) and will not hold the instructor, Melanie Phillipot, or Eager Pup, LLC, its agents, the hosting facility, or anyone other than the dog's owners responsible for any incidents that may occur while at class or other Eager Pup sessions or functions.

You may ___ or may not ___ use photos of my dog/me on the Eager Pup website or publications.

I agree and will comply with the above waiver. _____
Owner's Signature and Date

Owner's Name(s) _____ E-mail _____
Address _____ Phone _____

Dog's Name _____ Age _____ DOB _____ Wt. _____
Breed(s) _____ Color(s) _____

Please indicate the dates of your dog's immunizations and any other pertinent health info/allergies.

Parvo _____ Distemper _____ Rabies _____

Other Health Info. _____

Vet's Name and Phone _____

To secure your place in class, please promptly mail or fax this form to:
Melanie Phillipot, Eager Pup, 4237 NW 55th Way, Gainesville, FL 32606
Phone: 352-871-5698 Fax: 352-381-5569

Please refer to the Courses Page, <http://eagerpup.com/courses.html>, for the courses currently offered, the training sites, dates and the times. Write in your choice of class/location/time below.
Thank you! We will call or email to confirm your registration.

Course _____
(BOM 1, BOM 2, Puppy Playgroup, OUAT, Play & Learn, Private Lessons, etc.)

Start Date and Location _____