

Five Flags Dog Training Club

Coordinator: Kelli Whitfield
3971 Stefani Rd * Cantonment FL 32533
Phone: 850-291-2700 email: caloriecap@yahoo.com

Mail this completed form and proof of vaccinations (including Rabies) along with your check made out to **FFDTC** to the above address. Class fee is **\$90.00**. We offer a \$15.00 discount with proof your dog was adopted from a shelter or rescue organization or if you are raising a service dog puppy.

OWNERS NAME(S): _____ Class Date requested: _____

ADDRESS: _____ CITY _____ /ZIP _____

PHONE: (home) _____ (work) _____ (cell) _____

Email: _____

DOG'S NAME: _____ DOG'S AGE: _____

BREED: _____ SEX: _____ SPAYED/NEUT?: YES _____ NO _____

NAME OF DOG'S VETERINARIAN: _____

Any special training requests or challenges? _____

Has this dog ever bitten anyone? If yes please explain: _____

Has this dog ever been in a fight with another dog? If yes please explain: _____

We ask these questions to be prepared to meet your training needs – not to restrict dogs from our classes. However, we will refer to other trainers if we feel we cannot meet your needs.

***** Please complete both pages *****

Please complete this form for the City. Submit with your Obedience Class Form.



City of Pensacola Parks & Recreation Department

Adult Registration Information

(please print clearly)

Program: **FFDTC Obedience Class**

Last Name		First	Middle	Nickname	
Street Address			City	State	Zip Code
Cell/Day Phone		Evening Phone		E-Mail Address	
Are There Any Special Needs Or Information That Would Help Us Better Serve Your? Be Specific					
Are There Other Classes You Would Be Interested In Attending?					

For Office Use Only

Date Received:	Receipt Number:	Special Instructions/Cashier Initials
Payment Received:	Cash/Check	

Please Read & Sign Below

My signature below indicates that I understand and agree to the following:

I, acknowledge that I am releasing the City of Pensacola, its agents and employees, from any and all liability, either individual, joint or several, which they may incur as a result of any act or acts of negligence, contributory negligence, or comparative negligence, engaged in by them which causes, either directly or indirectly, an injury, sickness or illness of any kind, to myself. I further agree that I will hold the City of Pensacola, its agents and employees, harmless from any liability, payment of damages, costs and attorney's fees, and will indemnify the City, arising out of or pertaining to in any way the negligence, contributory negligence of any employee or agent of the City of Pensacola, or of the City of Pensacola itself.

- Agree
- Decline

(Signature)

(Print Name)

Date