



37 Old Boyce Road
Canterbury, NH 03224
603-783-4040
Email: brookwoodresort@aol.com
Web: www.brookwoodpetresort.com

Obedience Class Registration Form

Last Name: _____ First Name: _____
Street Address: _____
Mailing Address: _____
Town: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Dog's Name & DOB: _____ Breed (s): _____
Has your dog had previous obedience experience? _____
If yes, please give a brief description: _____

BROOKWOOD encourages family members to attend classes so there can be consistency in your dog's training. There is no extra charge.

Do you anticipate that other family members might handle your dog during classes? _____ If yes, please list names and relationship below:

Name: _____ Spouse _____ Son or daughter _____
Name: _____ Spouse _____ Son or daughter _____

We require that all dogs attending our facility be flea-free and be current on their rabies, distemper and kennel cough vaccines (unless exempted upon veterinarian recommendation or titer testing). Please note expiration dates below:

Distemper: _____ / _____ / _____

Rabies: _____ / _____ / _____

Kennel Cough: _____ / _____ / _____

Veterinarian: _____

Please bring the following to class:

- **Vet records** showing proof of shots as indicated above (1st class only)
- A 6 to 8 foot leash (**no retractable leashes PLEASE**)
- Small soft treats (pieces of hot dog, cheese bits, liver bits) – biscuits are wonderful at home but do not provide as effective a reward in class!
- **Final payment** for class.

Please mail or drop off this registration at the address above along with a \$50 deposit (\$25 non-refundable) to reserve your space in class. Please arrive 15 minutes early for first class to complete registration.

We look forward to seeing you!