

**CANINE FUNTIME, LLC
TRAINING APPLICATION**

CUSTOMER AND DOG INFORMATION

Name:	Dog Name:
	Dog Breed:
	Male or Female:
	Neutered or Spayed: Y / N
	Prior Training? Y / N
Reason For Training:	Please provide any additional information that would be helpful for the trainer:

CANINE FUNTIME, LLC

Training Application

Name:	D.O.B.
Address:	City:
State:	Zip:
Home Telephone #:	Business Telephone #:
Social security #:	Email:
Employer:	
Business Address:	City:
State:	Zip:

BILLING PROCEDURE

UPON RECEIPT OF THIS APPLICATION BY CANINE FUNTIME, LLC, I (WE) HEREBY AGREE TO AND ACCEPT THE TERMS AND CONDITIONS OF CANINE FUNTIME DOG TRAINING.

In the event of dog training suspension, there will be no refund of prepaid fees. All fees associated with training shall be prepaid prior to any training services provided.

Automatic Billing to Credit Card #:	Exp Date:
Amex Visa MasterCard Paypal	Cvc Code:
Member Signature:	Email:
Canine Funtime, LLC Signature:	
Referral Source:	