

**Town & Country Animal Care Center**  
**Training Application**

**You may fax/mail/email this form. Proof of vaccination required to complete application**

**2010 North Salem St., Apex, NC 27523**

**Fax:919.363.5077 | Email: tcinfo@tcanimalcare.com | Phone:919.387.7833**

---

**Please read and check off each of the following before completing the form below:**

I have read, completed, and understand the required Town & Country Application

I have provided Town & Country with the required proof of vaccination

I understand that I am requesting a Training Class, and completing this form does not constitute acceptance into the class without payment

Owner's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Dog's Sex:  Male  Female  Spayed/Neutered Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your dog have any physical limitations/medical problems?  YES  NO

If yes, please list here: \_\_\_\_\_

Has this dog attended an obedience class before?  YES  NO What level? \_\_\_\_\_

What do you want to accomplish in this class? \_\_\_\_\_

**All dogs handled by a minor must have prior approval from instructor. Child must weigh at least double the dog's weight in order to control dog. Children must be supervised through entire class. We reserve the right to request an adult take over training if child is unable to safely handle dog.**

Parents' Initials \_\_\_\_\_

**Check your schedule to ensure there are no conflicts, elective surgeries for your pet, vacations, etc. Make up classes are not offered. Remit this form, vaccination record and your class choice to Town & Country ACC**

Initial: \_\_\_\_\_

**Your spot in class is not reserved until completed registration form, current vaccine information, and full payment are received**

**Payment is NON-REFUNDABLE** Initial: \_\_\_\_\_

All Checks are made payable to: Town & Country Animal Care Center

If you wish to pay by credit card, please leave contact #: \_\_\_\_\_

**We at Town & Country Animal Care Center want to see you and your pet succeed with our training classes. Practice at home is important and will ensure that your pet will be enjoyable and a trusted family companion**

**\*\*\*I understand that I am solely responsible for myself, my pet, my children, guests, and all personal belongings while on Town & Country Animal Care Center property. \*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_