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_D_o_g_Training_
_S_c_h_o_o_l_



Destiny Dog School
166 Old State Route 7, CR 44
Steubenville Ohio 43952

you may text my cell 740-381-7793

1-740-264-7793
destinydogs.biz

Facebook: Destiny Dog Training and Wellness Center
OWNER: Lorrie Raymond

THANKS so much for your inquiry into DESTINY DOG OBEDIENCE SCHOOL.

- Please mail or Drop off at my home two week prior . your completed application to
Lorrie Raymond (mailing address only) 82 Mary Ave. Bloomingdale, OH 43910

Mailbox is fine and just text me

You will also need a copy, which we can keep, of your dog's vaccination record.

It is important to know your dog is safe from disease.

For class, please wear old comfortable clothing; we will be playing on the floor with our dogs. Your whole family is welcome, but I do ask the same person train the dog, this is less confusing for all.

- DO NOT FEED YOUR DOG BEFORE COMING TO CLASS; THIS WILL HELP WITH HIS RIDE AND HIS EXCITEMENT.

Directions to Destiny Dog Obedience School are: (SIGNS ARE THERE ALSO)
Ours is a white building that used to be a church and is now Fort Steuben Kennel Club-----

*test drive before class starts
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166 Old State Route 7 Steubenville Ohio 43952 (White Church Building)
County Road 44

Follow route 7 North from the Veterans Memorial Bridge. At the traffic light on route. 7 & 213 go 1/5 mile on route 7. You will exit Pottery Addition, then go .5 tenth of a mile, then turn left, just past the Volunteer Fire Station. Then .1 tenth miles turn left, go one block to the stop sign, and turn right. Then .1 tenth miles turn right into the back parking lot. **Grass parking is the majority.**
or the lot behind or across the street per the FSKA

Coming from Toronto South on Route 7 Take the Pottery Addition Exit, travel .6 tenths of a mile, then turn right just before the volunteer firehouse. For .1 tenth miles turn left, proceed one block to the stop sign, and then turn right into the back parking lot. Grass parking is the majority. Walk right around to the front door and come on in!!!!!!!

for URGENT the Fastest message return text 740-381-7793

Class date: _____

DESTINY DOG OBEDIENCE SCHOOL **Date** _____ **Shots** **PD**

Registration Form	OWNER INFORMATION
Name: _____	
Address: _____ City _____	
Zip _____	
Phone Home: _____	
Cell _____	
Email: _____	
How did you learn of class? Kennel _____ Veterinarian _____	
Former trainer or trainee _____ other _____	
PET INFORMATION:	
Name _____	
Age _____	
Breed _____ Sex Male _____ Female _____	
Veterinarian: _____ last vaccination: _____ rabies _____ dhlpp _____	
How long have you owned this dog? _____ Have you trained a dog before? _____	
Briefly state what you hope to accomplish: _____ _____	

Registration for: Beginners/puppy _____ Sub-Novice _____ Novice _____
Rally _____ Handling _____ 4-H _____
Private _____ Fun Agility _____ Canine Good Citizen _____
Also Interested in: Sub-Novice _____ Novice _____ Rally _____ Handling _____
4-H _____ Private _____ Fun Agility _____ Canine Good Citizen _____

I understand that attendance of a dog training class is not without risk to myself, member of my family or guests who may attend, or my dog. Because some of the dogs which I will be exposed maybe difficult to control, and may be the cause of injury even when handled with the greatest amount of care. I HEREBY WAIVE AND RELEASE DESTINY DOG SCHOOL.

Hereinafter referred to as the "training organization", its employees, officers, members, agents or any volunteer helper, from any and all liability of any nature, for any injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any DOG. And I expressly assume the risk of such damage or injury while attending any training session, or any other function of the Training Organization, or while on the training grounds or the surrounding area thereto. In consideration of and as inducement to the acceptance of my application for training membership by this Training Organization. I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members, agents, or any volunteers from any and all claims, or any claims by any member of any family or other person accompanying me to any training session or function to the Training Organization, or while on the grounds or any surrounding area there to as a result of any action by any dog, including my own.

Signature of owner or authorized agent.
(In case of a minor, a parent or legal guardian must sign)

X _____ **Date:** _____

pre-registration complete/staff only