

Class Registration

Date: _____

Class: _____

Session: _____

Owner's Name: _____

E-mail Address: _____

Home Phone: _____

Cell Phone: _____

Phone number where you can be reached: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Dog's Name: _____

Color: _____

Breed: _____

Age: _____

years

Male

Female

Neutered/Spayed

***Please obtain a copy of your pet's vaccination status from your veterinarian to bring when you drop off your pet.*

Date of your pet's last vaccinations, (MM/DDYY):

DHLP-P _____

Rabies _____

Bordatella (Kennel Cough) _____

Do you have previous training experience? *If yes, where?* _____

Would you be interested in taking the Canine Good Citizen test with your dog? _____

How did you hear about us? _____