

# Registration form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Circle Gender M F Neutered

Vet \_\_\_\_\_ Phone \_\_\_\_\_

Vaccination record to be attached: Required vaccinations Rabies, DHPP, Bordetella

Reason for registration for the class:

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**PAYMENT IS REQUIRED AT TIME OF REGISTRATION TO GUARANTEE YOUR SPACE IN CLASS**