

REGISTRATION FORM

OWNER'S INFORMATION

Name: _____ Date: _____

Address: _____

Town: _____ Zip Code: _____

HmTel#: _____ Cell#: _____ Fax#: _____

Wk#: _____ Email: _____

Referred by: _____

VETERINARIAN INFORMATION

Vets Name: _____ Practice Name: _____

Address: _____ Town: _____ Zip _____

Tel#: _____ Fax#: _____

DOG'S INFORMATION

Name: _____ Breed: _____

Date of Birth: ____/____/____ Age: _____ Sex: M / N or F / S

Weight: _____ Color _____ Barker : YES NO

Dog's Tempermant: Friendly Shy Nervous Other _____

Does your dog swim? Y N River _____ Lake _____ Ocean _____ Pool _____

Degree of Enjoyment? Loves It _____ Likes Somewhat _____ Dislikes _____

Gets wet up to? Neck _____ Shoulder _____ Knees _____ Only Paws _____

Activities: Agility _____ Flyball _____ Show _____ Obedience _____ Field Trial _____

Working: Police _____ Drug _____ Land Rescue _____ Water Rescue _____

Seeing Eye: _____ Hearing _____ Asst Companion _____