

Class _____ Start Date _____



Training Class Registration Form

Human Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____ E-mail: _____

How did you hear about Cold Nose Lodge? _____

Vet Info

Name: _____

Phone: () _____ - _____

Dog Info

Name: _____ Sex: M or F Spayed/Neutered: Y or N

Date of Birth: _____ How long in current home? _____

Breed: _____

Color & markings: _____

Please attach a copy of your dog's vaccination records. Dogs must be up to date on vaccines: Distemper, Bordetella, and Rabies. A negative fecal exam is also required for all puppies.

Payment is due prior to the start of classes.

For office use only: DHLPP ___ Bord ___ Rabies ___ Fecal ___ Payment ___