



Dancin' Woofs

Compassionate Dog Training & Daycare Center
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dancinwoofs.com

REGISTRATION FORM - PLEASE COMPLETE & RETURN

BASIC COMPANIONSHIP INTERMEDIATE

NAME _____ ADDRESS _____

CITY _____ ZIP _____ #1 PHONE _____ #2 PHONE _____

* E-mail _____ * Would you like to receive E-updates on upcoming classes & services?

DOG'S NAME _____ BREED _____ AGE _____ DOG'S SEX: M F

HOW DID YOU HEAR ABOUT US? _____

Have you trained a dog before? _____ When? _____ Where? _____

State any behavior concerns. _____

What do you hope to accomplish in class? _____

Do you have any hearing or other physical disabilities? _____

DOG'S VET _____

If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem and whether treated by a veterinarian. _____

Date of last DHP/DHPP* vaccine from a veterinary: _____

Date of last Rabies vaccine from a veterinary: _____

Date of last Bordatella vaccine from a veterinary: _____

*DHPP/DHP (Distemper, Hepatitis, Parainfluenza, Parvovirus)