



Dancin' Woofs

Compassionate Dog Training & Daycare Center

63027 NE Lower Meadow Dr., Suite D

Bend, OR 97701

Phone/Fax 541-312-3766

PUPPY 101 REGISTRATION FORM

Please complete and return with payment

Start Date: _____ Your NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE #1 _____ PHONE #2 _____

E-mail if you would like to receive email updates on services & classes _____

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

Please provide dates of most recent vaccines given by a veterinarian:

Current Veterinarian _____

DAP* or DHPP* vaccine: _____ *DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus) or DAP (Distemper, Adenovirus2, Parvovirus)

Why did you choose Dancin' Woofs? _____

How did you hear about us? _____

Where did you get your dog? _____

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

What do you hope to accomplish in class? _____

Do you have any hearing or other physical disabilities? _____
