## REGISTRATION FORM

Class Date	e secondary that I	Time
Owner/Trainer		Phone
Owner/ Trainer	Phone City/Zip	
	ncyNumber	
E-mail Address		
	Breed_	
Age	Date of Birth	1
Veterinarian		Phone
Do you or your dog	have hearing/physical pro	blems?
How ald you near a	Dout our class?	
nature for injury or damage, whic resulting from another dog while	Creek Canine Center, IT'S Employees, owners the I, my family, guests or dog/s may suffer, in on the grounds or surrounding area of Cedar C	cluding specifically any injury or damage Creek Canine Center.
	ELOW THIS LINE, CEDAR CRE	
Paid Cash Pa	aid Check # Date	
	Cedar Creek	Canine Center Representative
DATE SHOTS GIVEN		
RABIES 1/3 YR	DHLPP	BORDATELLA