

PETIQUETTE®



REGISTRATION FORM

Check one : Conformation

O-Gility

Checks payable to and mail to:

Penny Cary
14 Balsam Ln
Saco, ME 04072
207-282-7317

OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: DAY _____ EVENING _____ CELL _____

E-MAIL _____

BREED _____ SEX _____ AGE _____

CALL NAME _____

NAME OF HANDLER _____

I agree to attend this **PETIQUETTE**© class at my own risk and hereby agree to accept full responsibility and liability for the dog in my care. I further state that enrolled dog is current on all applicable vaccines for communicable diseases (or has proof of immunity) including State-required rabies vaccination (and can supply proof on demand if necessary) and that said dog is free of internal and external parasites.

SIGNATURE _____

DATE _____

