



Registration Form

Name:

Address:

Town:

Zip:

Email:

Home phone:

Cell phone:

Dog's name:

Breed or breed mix:

Age:

Name and telephone number of your veterinarian:

All dogs must:

- Be at least one year of age
- Be up to date on vaccinations (Rabies certificate required first class)
- Be comfortable around other dogs
- Healthy (no cough for minimum 8 days prior to class start)

Make checks payable to: Good Citizen Dog Training and mail along with registration form to:

ROAR, 45 South Street, Ridgefield, CT 06877. Mark envelope "Therapy Dog"