

Which course are you registering for and dates

Course:

Date(s):

Your Information

Personal Information

Full Name:

First

Last

Address:

Street Address

Apartment/Unit #

City

Postal code

Cellphone
number

Alternative
Phone:

Email

Name of your
dog

Breed /
Mixed

Age

Male/female

More information about your dog (for first time registrants only)

Is this a rescue
dog or have you
had it since it
was a puppy?

Any dog or people aggression, or other issues (please give full details):

Other information eg high drive, high energy, lacking confidence, fearful etc.:

Emergency Contact Information

Full Name:

_____ *First*

_____ *Last*

Cellphone number _____

Alternative Phone: _____

Relationship: _____

Any Relevant Medical Issues? _____

Payment

Make cheques payable to **K9 Leadership.**
Mail to: **936 Seymour Blvd.**
North Vancouver, B.C.
V7J 2J8

E-mail address for Interac bank transfers: mfielding@shaw.ca

I have read, understood and signed the release and waiver form

Signature: _____

Date: _____