



Kids & K-9 101

Child's Name: _____ Age: _____
 Parents/Guardian Name: _____ Email Address: _____
 Emergency Contact Name: _____
 Emergency Contact Phone Number: _____
 Address: _____ Home Telephone: _____
 City: _____ Work Telephone: _____
 State: _____ Zip Code: _____ Cell Telephone: _____
 Any special needs for your child: _____
 Pet's Name: _____ Pet's Age: _____ Breed: _____
 Color: _____ Date of Birth: _____
 Has your dog been through any previous training? Y / N If yes, what level? _____
 Has your dog been altered: Y / N Sex of dog: M / F

Circle anything that applies to your dog:

GROWLS SHY FEARFUL MOUTHY AGGRESSIVE NOISY BITES
 DOMINATE OTHER: _____

What would you like your child to accomplish in the class? _____

To ensure this class is a positive experience for all participants the following guidelines will be followed. Your child's dog must not be too large or so strong that they are not able to control it. No dog participating can be aggressive toward other dogs or people. Should an issue arise with any dog the parent will be advised and substitution with another more appropriate dog will be allowed.

Please provide updated veterinarian vaccination records for your pet with your child's application, or have your vet fax this information to our office at 919-363-5077. Space in class is not assigned until registration, payment and vaccine records are received. Check your schedule to ensure there are no conflicts, elective surgeries for your pet, vacations, etc. Make up classes are not offered. Checks are payable to Town & Country Animal Care Center, we also accept Visa, MasterCard, and Discover for your convenience.

Signature: _____ Date: _____

Payment is NON-REFUNDABLE. Initial: _____

Visa/MasterCard/Discover: _____ Expiration: _____