For Paw and a Tail

Date: _____

Handlers Name : _____

Age (if under 18 years old) _____

Address: _____

City: _____

State: _____ Zip: _____

Home phone : _____ Work phone: _____

E-mail address: _____

How did you hear of **For Paws and a Tail** dog training ? _____

Dog's Name : _____

Breed: _____

Dog's Birth Date: _____ Sex : Male _____ Female _____

Is your dog spayed/neutered ? Yes _____ No _____

Vet's name: _____

Vaccinations: (copy of vaccinations to be enclosed with application)

Rabies ____Yes ____No Date: _____ DHLPP ____Yes ____No Date: _____

Bordetella ____Yes ____No Date: _____

List any classes your dog has taken: _____

Does your dog have any special issues ? ____ No ____Yes (explain)

_____ _____

Please enclose your completed agility application with your payment to: Danielle Simmons
RR 2 Box 2030
Nicholson, PA 18446

Make checks payable to : **For Paws and a Tail**

Do not write in this space

Date: _____ Class Assignment: _____

Paid: $ _____ Check # _____ Proof of all vaccinations: ____Yes ____ No