

Last Name: _____ Member #: _____ Expires: _____ / _____ / _____

Club Membership Form



Date: _____ / _____ / _____

Owner Info

First Name: _____ Last Name: _____

Mailing address: _____ City: _____ Zip: _____

Home phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ ext: _____ e-mail: _____

Names and ages of children under 18 or other family members that may attend with you:

Name	Age
_____	_____
_____	_____
_____	_____

How did you find out about us? _____

Dog / Puppy Info

Name: _____ Breed: _____

Sex (please circle): Male Female Neutered / Spayed (please circle): Yes No Age: _____

Name: _____ Breed: _____

Sex (please circle): Male Female Neutered / Spayed (please circle): Yes No Age: _____

Name: _____ Breed: _____

Sex (please circle): Male Female Neutered / Spayed (please circle): Yes No Age: _____

Name: _____ Breed: _____

Sex (please circle): Male Female Neutered / Spayed (please circle): Yes No Age: _____

Name: _____ Breed: _____

Sex (please circle): Male Female Neutered / Spayed (please circle): Yes No Age: _____

What activities interest you? (please check all that apply)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Obedience | <input type="checkbox"/> Schutzhund | <input type="checkbox"/> Private Training |
| <input type="checkbox"/> Rally | <input type="checkbox"/> Fun / Fitness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Agility | <input type="checkbox"/> Socialization | |

FOR ADMIN USE

Last date of vaccination or titre:

Rabies	Parvo	Parainfluenza
Distemper	Hepatitis	Leptospirosis