

Dog Training Club of Tampa, Inc.
(813) 931-PETS (7387), www.dtct.org

Pre-Registration Form

To register for a class, please complete this form and mail to **Barbara Sutton DTCT Registrar 6910 Daubon Ct. New Port Richey, FL. 34655**. Please enclose a check for the class fee made payable to "DTCT" and include a copy of your vaccination records. Class fees are listed on our web page, www.dtct.org. If you do not pre-register, we cannot guarantee you a spot in class. Any additional openings the first night of class will be first come first serve. If you have **not** received a confirmation from Barbara within one week prior to the start of class, please call her at (727 771-7750) or email (DTCTampa@yahoo.com).

Class: _____ Start Day & Date: _____ Time: _____

Owners Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

E-Mail Address: _____

Dogs Name: _____ Breed: _____

Male or Female: _____ Age: _____ Dog's Date of Birth: _____

Handler if Other than Owner: _____

Vet: _____ Vet's Phone: _____

Dogs that are aggressive toward other dogs or humans will be asked to leave.
NO REFUNDS AFTER THE FIRST CLASS

Waiver: I assume responsibility for any accident or injury to persons or dogs caused by my dog. I assume responsibility for any injuries to me or my dog caused by another dog or person. In no way will I hold the Instructor or the Dog Training Club of Tampa, Inc. responsible for any accident or injury to me or my dog. I agree to abide by all rules and regulations of the Dog Training Club of Tampa, Inc.

Owner/Handlers Signature: _____ Date: _____

Please tell us how you heard about us: _____

<u>Registrar's Use Only</u>	
Vaccination Dates:	
Rabies: _____	Amount Paid: _____
Distemper: _____	Check Number: _____
Bordetella: _____	Comments: _____
Parvo: _____	Registrar's Initials: _____