



REGISTRATION FORM

PHONE-(905) 8CR-DOGS(827-3647) / **FAX-** (905) 827-5707
Email: dwalker@crdogs.com
www.crdogs.com



CLIENT INFORMATION

NAME: First _____ Last _____

ADDRESS: Street _____ City _____ Postal Code _____

PHONE: Hm (____) _____ Bus (____) _____ Fax (____) _____
Cell/Pager (____) _____ Email _____

SPOUSE _____

OTHERS
(Ages): 1) _____ 2) _____ 3) _____ 4) _____

HOW DID YOU FIND OUT ABOUT OUR SERVICES? Newspaper Yellow Pages Flyers Other _____

PET INFORMATION

NAME: _____ **BREED:** _____
AGE: _____ **SEX(M / F):** _____ **NEUTERED** **SPAYED** **ADOPTED(Attach agency info. to form)**

BEHAVIOUR PROBLEMS: Aggression(Animal/Human) Barking Housetraining Food/Object Guarding
 Separation Anxiety Jumping Up Chewing Lack of attention on handler
 Other _____

Collar Size _____ (Please measure your dogs neck snugly at the top with a piece of string and add 2")

COURSE INFORMATION

COURSE: _____ **PRIVATE** **GROUP** **SESSION # (Group Classes)** _____

LEVEL: _____ **START DATE: M** _____ **D** _____ **Y** _____ **TIME:** _____

Name of family member who will be handling the dog during the course _____

PAYMENT INFORMATION

Cheque (Please include drivers license number on back of cheque) **Cash** **A MOUNT: \$** _____ **+ 5% GST=\$** _____
Visa ONLY # _____ / _____ / _____

Expiry Date: _____ / _____ **Name of Cardholder** _____

I hereby release Command Response Dogs and their agents, Ren's Pet Depot, their staff and agents from any claims whatsoever resulting from or arising out of injury or damage to my dog, other persons, other dogs, or property incurred by myself or my dog while in this program including deterioration of health, illness, or aggravation of any condition of my dog. I understand that portions of the classes and students may be photographed or video recorded to be used in promotional/training material for CRDogs and I hereby give my permission for such purposes.

SIGNATURE: _____ **DATE:** _____

For Office Use: Lead _____ Long Safety Line _____ Tab/Light Line _____ Collar _____ Food Pouch _____
Training Manual _____ Proof of Inoculations _____