

# Dog Training Club of Tampa, Inc.

4817 North Lois Ave. Tampa, FL 33614 - (813) 931-PETS (7387) [www.dtct.org](http://www.dtct.org)

## Pre-Registration Form

To register for a class, please complete this form and mail to Mary Watson, 1706 Palomino Dr. Tarpon Springs, FL 34689. 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](http://www.dtct.org). If you do not pre-register we can not guarantee you a spot in class. Any additional openings the first night of class will be first come first serve.

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: \_\_\_\_\_

### Registrar's Use Only

Vaccination Dates:

Rabies: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Distemper: \_\_\_\_\_

Check Number: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Comments: \_\_\_\_\_

Parvo: \_\_\_\_\_

Registrar's Initials: \_\_\_\_\_