

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 **Yvonne Perkins DTCT Registrar 29431 Allegro Drive Wesley Chapel, FL 33543-6767**. You will receive confirmation of your registration within the week prior to the start of class. 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 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: _____