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Obedience Class Registration

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Name of Dog: _____

Sex of Dog: female male

Altered: yes no

Age of Dog: _____ Weight: _____ Color: _____

Breed: _____

(if your dog is an "all-American" please give the breeds that most closely match your dog's appearance)

Veterinarian/Clinic: _____

Class for which you are registering:

- Level 1 Level 2 Play With Your Dog Really Reliable Recall Puppy Socialization
 Focus and Control Adolescent Puppy Control Unleashed Tricks Competition Ob.
 Agility Foundations Other: _____

Start Date of Class: _____

What are the primary goals you would like to achieve in the class?

How did you hear about Sit! Stay! Play! ? _____

Please attach a copy of your dog's immunization record. Remember that bordetella vaccinations are REQUIRED. Proof of immunization MUST be in the form of a receipt (or other official document). Dogs must be in good physical health to participate. Please let us know if your dog is not social or not friendly with other dogs.