



COMPASSIONATE CANINE CARE AND EDUCATION

GUEST/CLIENT REGISTRATION

(Please complete one Guest/Client Registration form for each pet.)

OWNER(S) ADDRESS CITY STATE ZIP EMAIL EMERGENCY CONTACT VET/HOSPITAL CREDIT CARD: # Exp / CVCode: HOME PHONE WORK PHONE CELL PHONE DRIVER'S LICENSE # PHONE PHONE

GUEST'S NAME: Breed: Color:

Gender (circle one): Female Male Female/Spayed Male/Neutered Birth date or best guess:

Medications Allergies (if any)

HISTORY OF SEIZURES? (circle): Yes No Date of last known seizure

Table with 4 columns: Referred by, ModBee Article, Client/Friend, who?, Veterinarian, who?, AD-Modesto Bee, Website, Special Event, where?, AD-Symphony, Drove by, Internet Search, Yellow Pages, AD-Gallo Center, Training Class, Other:

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Jumps fences: Yes No Alerts:

Approved for Group Play: Yes No Date of Eval: Emp. Initials:

Designated Group: Go Getters | Little Rascals | Pee Wee | Slow & Steady

Special Notes:

See MEMORANDUM OF UNDERSTANDING for terms and conditions.