

Operation Freedom Paws

777 First Street, PMB 515 Gilroy, California 95020

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www.operationfreedompaws.org



Physical Address: 13920 Llagas Ave, San Martin, CA 95046 Phone: (408) 683-9010

PUBLIC DOG TRAINING REGISTRATION FORM

To insure space in a class, fill in the form email it to info@operationfreedompaws.org or bring it with you to the first class. You may also fax the form to (408) 683-9012.

For additional information or to speak with the staff, call (408) 683-9010. You will also need to provide a current health certificate (shot records) for your dog(s).

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Cell number: _____

Email: _____ Starting Date of Class: _____

Basic ___ Intermediate ___ Advanced ___ Wed evenings ___ Sat mornings ___

Dog's Name _____

Age of Dog: _____ Sex of Dog: _____

Breed of Dog: _____ Neutered/Spayed: _____

Rabies Vaccination date: _____ DHPP Vaccination Date: _____

Bordatella (Kennel Cough) Date: _____

I, the undersigned, certify and represent that the dog named below has been vaccinated on the dates set forth above (or attached) and is not a hazard to person(s) or other dogs and all other information is true to date.

Signature: _____

Date: _____

To Be Signed When You Have Arrived at the Training Center

I have read the conditions of Operation Freedom Paws liability waiver and agree to abide by its policies of the class and instructors.

Initials: _____

Date: _____