

Operation Freedom Paws

777 First Street, PMB 515, Gilroy, California 95020

www.operationfreedompaws.org

501(c)(3) - EIN 45-2566382



Physical Address: 13920 Llagas Avenue, San Martin, CA 95046 Phone: (408) 683-9010 Fax: (408) 683-9012

PUBLIC DOG TRAINING REGISTRATION FORM

To ensure space in class: 1. Complete this registration form.

2. Email **a.)** this completed registration form **and b.)** your dog's latest vaccination record with the **five (5) vaccinations** listed below to Operation Freedom Paws at ofpkennel@gmail.com at least 3 days before first class.

For additional information or to speak with the staff, call (408) 683-9010.

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Landline Email: _____

Choose a Class: Mon. 6:00pm: Tues. 10:00am: Sat. 9:00am:

Starting Date of Class: _____ Level: Basic: Intermediate: Advanced:

Dog's Name: _____ Dog's Breed: _____ Dog's Age: _____

Dog's Sex: Male Female Intact or Neutered/Spayed

Vaccinations: All required vaccinations (below) must be completed at least two weeks before the first class date. Email the latest veterinarian's vaccination record at least three days before the first class.

1. Bordetella given date: _____ 4. Canine Influenza #2 given date: _____

2. Distemper/Parvo given date: _____ 5. Leptospirosis #2 given date: _____

3. Rabies given date: _____

I, the undersigned, certify and represent that the dog named above 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 the Operation Freedom Paws liability waiver and agree to abide by its policies of the class and instructors. In order to maintain client confidentiality, I also agree to refrain from videotaping on the Operation Freedom Paws premises.

Initials: _____ Date: _____