



Enhancing the bond between dogs and their families

CANINE GOOD CITIZEN TEST REGISTRATION

Test Date and Time:

Select payment method:	<input type="checkbox"/> Cash, Check, Money Order	<input type="checkbox"/> Credit Card via Paypal
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Client/Handler Name:	Home Phone:
Address:	Work Phone:
City, State, Zip Code:	Cell Phone:
E-mail address:	
Dog's Name:	Dog's Date of Birth (or approximate age):
Dog's Breed/Mix:	Dog's Weight:
Dog's Gender:	Spayed or Neutered:
Where did you acquire your dog? (Shelter, Breeder, etc.):	

Please return this registration form to:

Love My Dog Training
Email: trainmydog@lovemydogtraining.com
Fax: 206-666-5264
Address: PO Box 441713 Aurora, CO 80044