

Sterling Canine Academy ~ Dog & Handler Information

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME #: _____

CELL #: _____ TEXT: Yes No

E-MAIL _____

BREED OF DOG: _____

DOG'S NAME: _____

DOG'S AGE: _____ SEX: _____ SPAYED/NEUTERED

Academy use only:

Class/Classes _____

Vaccines: _____ Cash _____ Check _____ (Check# _____) COVID19 _____

Rabies _____