



A Veteran's Objective
3553 Atlantic Ave. #1619
Long Beach, CA 90807
714-783-6099
aveteransobjective.org

A VETERAN'S OBJECTIVE
REGISTRATION APPLICATION

Date: _____

Name: _____

Address: _____

City, State, Zip code: _____

Cell Phone: _____

Email: _____

Dog's Name: _____ Breed: _____

Sex: (Male) (Female) Dog Spayed/Neutered: (Yes) (No)

Age: _____ D.O.B. _____ Basic Obedience Training: Yes _____ No _____

Current shots: Yes _____ No _____ Rabies Certificate: Yes _____ No _____

Records Submitted: Yes _____ No _____

Is your dog: (Circle all that apply) Aggressive Calm Easily Excitable High Energy
Nervous Playful Shy Protective Possessive

Has your dog ever bitten another person: Yes _____ No _____

If yes, explain: _____

Has your dog ever bitten another dog: Yes _____ No _____

If yes, explain: _____

Applicant is Veteran _____ Active Duty _____ First Responder _____ Civilian _____

DD-214/Credentials Submitted: Yes _____ No _____ N/A _____