



K9 Kinetics

Registration Form – NOSEWORK

Monday OR Tuesday (Please select one)

Handler's Name:

Address:

Phone Number:

Email:

Dog's Name:

Breed:

Age:

M/F

Entire/Desexed

Does your dog have any previous training? Y N

Is your dog reactive/anxious around other dogs? Y N

(If yes, your dog can be alone in the training area during searches if required.)

Full payment of \$150 required by JANUARY 25 or earlier to guarantee your place (places are limited, and are offered on a first come first served basis). Please deposit to account 12-3028-0406399-00, with your name as reference.

Your dog remains your responsibility at all times. Please keep your dog on lead unless otherwise requested.

Signed: _____