

K-9 Connection Intake Form

Owner/Handler Name: _____

Address: _____

Email: _____

Phone Cell: _____

Landline: _____

Dog's Name: _____

Breed: _____ Age: _____

Vet: _____ Phone: _____

Vaccinations are complete: ☐ YES ☐ NO

Flea and Tick Preventative: ☐ YES ☐ NO

No dogs allowed without **proof of completed vaccinations.**

I certify my dog has had all necessary vaccinations and is receiving flea and tick medication. I assume all responsibility for my dog while in training at K-9 Connection's facility.

Owner: _____ Date: _____