

Canine Cubby Events Registration Form

Name of Handler/s: _____

Address: _____

Phone _____ Emergency Phone _____

Email Address: _____

Dog's Name _____ Sex _____ DOB _____

_____ Dog's Breed _____

Have you attended a social event with your dog before? No Yes

What do you wish to get out of this class? _____

Vaccinated Yes No (Please attach a copy)

Events Attending

Canine Education and Development Class: Puppy Junior Senior
Date _____

Canine Sport: Nosework Treibball Earthdog Hoopers
Date _____

Canine Health Classes: Water Confidence Body work
Canine Care part 1 part 2 Basic Grooming First Aid
Date _____

DIY Workshop: Treats Toys Home Remedies
Gifts Date _____

Other Events _____ **Other Classes** _____

Please ensure you have paid for your class or event before the starting date.

**Canine Cubby
Commonwealth Bank**

BSB :064 474
Account 10247082

Refer: Your name and the course attending and send a screen shot of payment to 0405396731 or to caninecubby@gmail.com. Thank you.
Please note we don't have catchup classes available