



PET THERAPY CLASS REGISTRATION

www.luckdragonsangels.org
info@luckdragonsangels.org

Class Fee: \$50 Members, \$60 Non-Members
\$25 non-refundable deposit required
331 Shirley Hill Road, Goffstown, NH 03045

HANDLER INFORMATION:

Handler's Name: _____ Today's Date: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Address: _____ City/State/Zip: _____
E-mail: _____ Birthdate: _____
Emergency Contact Name: _____ Relationship: _____
Emergency Contact Home Phone: _____ Emergency Contact Alternate Phone: _____

PET INFORMATION:

First Pet's Name: _____	Second Pet's Name: _____
Species: _____ Breed: _____	Species: _____ Breed: _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____
<i>Circle One:</i> Male/Female	<i>Circle One:</i> Spayed/Neutered/Unaltered
Date of Last Veterinary Exam: _____	Date of Last Veterinary Exam: _____

Do you or your pet(s) have any medical concerns/disabilities? Please be specific. _____

What training has your pet completed? Please be as specific as possible. _____

Date/Location your dog passed the Canine Good Citizen Test: _____

Has your pet ever displayed any aggression or fear toward men? _____ toward children? _____ toward women? _____

Are you aware of any fears your pet has? (Thunderstorms, elevators, loud noises, etc.)? _____

Is your pet afraid of having any part of his/her body touched? _____

Please elaborate if you answered "yes" to any of the above questions: _____

Handler's Signature

Date