

**CLUB DOMINICANO DE DEPORTES CANINOS**

**Membership Application**

(Please fill this form in capital letters)



First Name: .....

Last Name: .....

Address: .....

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Office phone: ..... Home phone: .....

e-Mail: ..... Mobile phone: .....

**Dog**

Name: ..... Date of Birth: .....

Breed: ..... Color: .....

Vet: .....

Vaccinated?  Yes  No (Please bring a copy of the vaccination schedule)

*Behavior of the dog:*

Aggressive towards

Adult female dogs:  yes  no  don't know Adult male dogs:  yes  no  don't know

Puppies:  yes  no  don't know Adult persons:  yes  no  don't know

Children:  yes  no  don't know

**Dog sports you are interested in**

Agility  Obedience  Schutzhund  Tracking  Flyball  Flydisc  Other

Comments: .....

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Date:..... Signature: .....