

# Canine Life and Social Skills®

## Student / Dog Team Registration Form

Thanks for your interest in C.L.A.S.S.®! You must register your dog(s) for in order to participate in a C.L.A.S.S.® Evaluation and be eligible for certificates. See [www.mydoghasclass.com](http://www.mydoghasclass.com) to register online, or use the form below to register by mail or fax. Your Student ID and Dog ID numbers for each dog registered will be emailed to you.

STUDENT INFORMATION				
Student's Name:		Mailing Address:		
City:	State:	ZIP Code:		
Phone:	Email: <i>Registration forms without a valid email address cannot be processed.</i>			
Have you previously registered a dog with C.L.A.S.S.®? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, enter Student ID: <b>S</b>		
Is student a Junior Handler (age 12 to 17)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and email of a parent or guardian.				
Parent/Guardian Name:		Parent/Guardian Email:		
DOG INFORMATION				
<b>Dog 1</b>	Dog's Name:		Date of Birth (approximate if unknown):	
	Breed or Breed Mix:		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Needs, if any:			
<b>Dog 2</b>	Dog's Name:		Date of Birth (approximate if unknown):	
	Breed or Breed Mix:		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Needs, if any:			
<b>Dog 3</b>	Dog's Name:		Date of Birth (approximate if unknown):	
	Breed or Breed Mix:		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Needs, if any:			
<b>Dog 4</b>	Dog's Name:		Date of Birth (approximate if unknown):	
	Breed or Breed Mix:		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Needs, if any:			
REGISTRATION FEE (CHECK ONE)				
Number of Dogs Being Registered:	<input type="checkbox"/> 1 dog	<input type="checkbox"/> 2 dogs	<input type="checkbox"/> 3 dogs	<input type="checkbox"/> 4 dogs
Total Due:	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00
PAYMENT METHOD				
<input type="checkbox"/> Check or money order (made payable to <b>APDT</b> ) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover				
Account Number:		Expiration:	CSC:	
Cardholder Name:		Billing Address: ( <input type="checkbox"/> Same as above)		
City:	State:	ZIP Code:		
SUBMIT COMPLETED FORM WITH PAYMENT VIA E-MAIL, FAX, OR U.S. MAIL				
E-mail to: <a href="mailto:class@apdt.com">class@apdt.com</a>		Fax to: 864-331-0767		Mail to: APDT PO Box 1148 Greenville, SC 29602-1148