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(For Club Use Only)

## Enrollment Application

<b>Owner Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip</b>
<b>Phone:</b>	<b>Alternate Phone:</b>	
<b>Email:</b>		

### Dogs must be Spayed or Neutered

<b>Dog Name:</b>	<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Dog Date of Birth (Month/Day/Year):</b>	<b>Date Dog Joined Your Family:</b>
<b>Breed 1:</b>	<b>Breed 2 (if applicable):</b>
<b>Color:</b> Black <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Tri Color <input type="checkbox"/> Yellow <input type="checkbox"/>	<b>Markings:</b> Brindle <input type="checkbox"/> Merle <input type="checkbox"/> Speckled <input type="checkbox"/> Spotted <input type="checkbox"/> Parti-color <input type="checkbox"/> Solid <input type="checkbox"/>

### Three ways to pay!

Submit this completed enrollment form, along with your \$19.00 payment, to your Event Organizer. Payment for Canine Partners enrollment must be separate from event fees for competition.

- Credit Card** (be sure to complete the Credit Card authorization below)
- Cash**                       **Check** (make checks payable to American Kennel Club)

Visa     MasterCard     American Express     Discover

Account Number (no dashes)

Exp. Date

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Signature: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_