



Enrollment Application

Owner Name:		
Address:		
City:	State:	Zip
Phone:	Alternate Phone:	
Email:		

Dogs must be Spayed or Neutered

Dog Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Dog Date of Birth (Month/Day/Year):	Date Dog Joined Your Family:
Breed 1:	Breed 2 (if applicable):
Color: 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"/>	Markings: 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

/

Signature: _____

Printed Name of Cardholder: _____