



Irricana Kountry Kennel
Where Pets Come First

**CANINE FIRST AID
REGISTRATION FORM**

Event: _____ Date: _____

Name: _____

E-Mail: _____

Mailing Address: _____

Best Number to contact you: _____

We will need a few dogs to use during this course. This dog must be good with all people and other dogs. If you are interested in bringing your dog, please fill in the information below. All dogs must be properly licensed and up to date on vaccinations.

Dog's Name: _____

Dog's Age: _____ Dog's Breed: _____

Cost of Course: **\$195.00**. Forms of Payment accepted: Cash, Cheque, E-Transfer, debit, and credit card.
Lunch & snacks included. Please contact us with any dietary restrictions.

Although all necessary safety precautions will be taken, the **Irricana Kountry Kennel** shall not be responsible to any participant for any loss, damage or injury arising at any event hosted by or held at the **Irricana Kountry Kennel**.

Signed on _____
date

signature

Box 744

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403.970.4400

www.irricanakountrykennel.com