

## Delta Pet Partners Workshop Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel.# \_\_\_\_\_  
Alt. Tel. # \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_  
Dog club affiliations \_\_\_\_\_

*Pet's training experience: please check all that apply*

- Puppy K. or other socialization class  
 Basic Obedience Classes- please describe classes attended:  
  
 Canine Good Citizen Test  
 Obedience Titles: please list:  
 Prior therapy dog training/classes please describe:

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Cut on dotted line

Please complete the above registration form and return with a check in the amount of **\$110.00** made out to ***Animal Rescue League of Southern RI, PO Box 458, Wakefield, RI 02883*** by August 1, 2008. You will receive confirmation via e-mail that your registration has been processed as well as directions to the workshop.

Following the workshop, evaluations will be scheduled by appointment.

**FMI- contact:** *Anne Marie Southwick at ARL/SRI - (401-792-2233)*  
*email:* [arlsri@verizon.net](mailto:arlsri@verizon.net)



Animal Rescue League  
of Southern RI