



Northwoods Bird Dogs

TRAINING RESERVATION FORM

Date _____

Client Name _____ Phone (mobile) _____

Additional Contact _____ Phone (mobile) _____

Address _____ Phone (home) _____

Email _____

Training Program _____

Dog Name _____

Breed _____ Sex _____ Date Whelped _____

Month(s) Requested _____

Females only: please list date of last heat cycle. _____

Please list dates for the following required vaccinations.

Bordetella _____ Rabies _____ Core vaccines (DHPP) _____

Please list any medication you'd like us administer and the application cycle for each. If no medication is sent for fleas and ticks, we will apply Advantix and/or Preventic collars as necessary and bill accordingly. We can administer Ivermectin for no charge.

Is there any other information you'd like us to know?

Thank you!