

# CAMP CHARLIE OFF-LEASH CLUB

Membership Number: \_\_\_\_\_ (for office use only)

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_ License: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Other: \_\_\_\_\_

## DOG INFORMATION

**Owners must provide copy of vaccination records**

Dogs name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Age: \_\_\_\_\_ Date of birth(optional) \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered(required) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

RABIES: date \_\_\_\_\_ DHLPP: date \_\_\_\_\_ BORDATELLA: date \_\_\_\_\_

Dogs name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Age: \_\_\_\_\_ Date of birth(optional) \_\_\_\_\_ Weight: \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered(required) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

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