



Waco Agility Group Membership Additional Canines



CANINE INFORMATION			
Name:		Breed:	
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	
Age:	Vet Name:		Vet Phone: () -
My dog can (Check all that apply): <input type="checkbox"/> Come <input type="checkbox"/> Sit <input type="checkbox"/> Down <input type="checkbox"/> Stay		Additional Skills:	
My dog's attitude towards strangers (Check all that apply): <input type="checkbox"/> Very Friendly <input type="checkbox"/> Shy <input type="checkbox"/> May Bite <input type="checkbox"/> Will Bite		My dog's attitude towards other dogs (Check all that apply): <input type="checkbox"/> Very Friendly <input type="checkbox"/> Shy <input type="checkbox"/> May Bite <input type="checkbox"/> Will Bite	
Agility Experience (Classes Attended, Titles Earned)			
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