

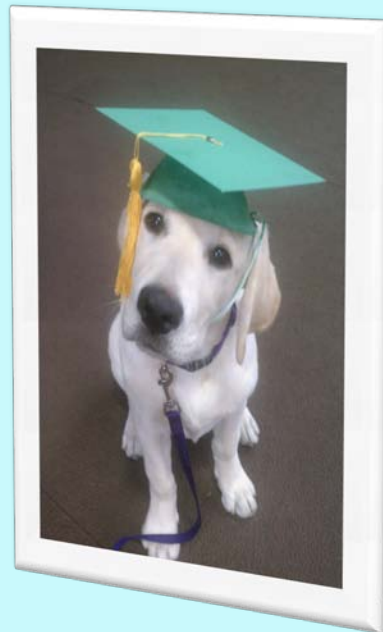
**Registration form for Canine Good Citizen Test**

**Your Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_



**Your dog's name**

**Breed if known**

**Date of Birth or approximate age**

**Is your dog current on all vaccines?**

*I attest that all statements on this form are true and accurate to the best of my knowledge and have read my waiver of liability and agree.*

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Signed/Date

**Waiver of Liability**

By participating in this event at Chilbrook Kennels LLC you agree to be fully responsible for your dog and all actions of your dog and hold Chilbrook Kennels LLC, its agents and employees harmless for damage or actions of your dog while attending this event.