



**OKALOOSA KENNEL CLUB
CONFORMATION CLASS ENROLLMENT**

PLEASE PRINT

Owner's/Handler's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H/W) _____

Email _____

Dog's Call Name _____

Age _____

Breed _____

Sex (M/F) _____

Latest Vaccination Dates: _____

Spayed/Neutered (Y/N) _____

Rabies _____

Parvo _____

Distemper _____

Bordatella _____

Have you trained a dog before? _____

When? _____

How did you hear about this class? _____