

Pet Partners® Team Evaluation Refresher Course

Does any animal in your household eat a raw protein diet? Please check one Yes No

Animals do not attend

Location: To be determined

Confirmation: Will be sent after registration is received.

Handler's Name: _____

Animal's Name: _____

Species: _____ Breed: _____ Age: _____ Gender: _____

E-Mail Address: _____

How long have you been visiting? _____

Where do you visit?

Mail completed form to:

Mid South Therapy Dogs
2095 Exeter Road Suite 80-105
Germantown, TN 38138-3919