

Registration for the "Pawsitive" Workshop

Pet Therapy of the Ozarks, Inc.

Workshops are held in August and February

Name: _____ Age _____
(Must be 18)

Address: _____
(must be within 50 miles of Springfield)

City: _____ Zip _____

Phone: (day) _____ (eve) _____ e-mail _____

Pet Name: _____ Species: Feline Canine Other

Breed: _____ Sex: M F Neutered: Yes No

Month of workshop you wish to attend: August February Year _____

I understand that this is only an educational workshop and that it in no way indicates that my pet has passed an evaluation. I understand that my pet must be vaccinated and also that no spike, pinch or chain collars may be used during the workshop or evaluation. My pet will be excused for any aggression, repeated barking or elimination during the workshop. I will be expected to display proper behavior toward my pet.

Signed: _____ *Date:* _____

There is no charge for the "Pawsitive" Workshop but registration is required. Deadline for registration is August 1st or February 1st. Enrollment is limited to ten handler teams. Complete this form and return to:

Pet Therapy of the Ozarks, Inc.

P. O. Box 9462

Springfield, MO 65801

