

Arkansas Schutzhund Club
MEMBERSHIP APPLICATION

Application date ___ / ___ / ___

Name (full) _____

Spouse (full) _____

Address _____

City Zip (code) _____

Phone (home): _____ Cell: _____

E-Mail: _____

Dog Call Name _____ Date of Birth ___ / ___ / ___

Dog Breed _____

Dog Registered Name _____

Dog Tattoo # _____ Dog Chip # _____

Dog's Veterinarian Phone # _____

Dog's last - DHLPP date ___ / ___ / ___ Rabies date ___ / ___ / ___