

Registration Renewal Form

Name		
Address_		
Cell Phone	e:	Home:
Email add	lress	
Dog's nam	ne	Breed
Dog's Birtl	h Date	Dog's current age
dog, in any includes, t newspape I agree to	y way it deems appropriate for its info but is not limited to, use on its webs er or magazine articles. Agreement	use my name and any photograph, of me and/or my ormational purposes. Such use by Caring Canines ite or any other of its publications, as well as use in to receive emails Canines with weekly schedules, reminders, and n.
CC visits. 1. 2. 3. 4. 5. 6.	My dog will be on a regulation 4 ft No guests or family members are coordinator. I will not use treats on a visit exce or allow residents/patients to give I understand that if I am late for a visit of the visit will not participate in a CC visit if I agree to participate in a minimum understanding that I may not be exint the minimum number of visits. I agree to participate in at least or I will not participate in a visit if my	visit, I must confirm with the team leader (without my
	Signature:	Date:

Please submit this form digitally to:

Renewals@caringcanines.org

NOTE: Your renewal is not complete until both forms have been received.