

Registration for the "Pawsitive Workshop"
Pet Therapy of the Ozarks, Inc.
Workshop are held in August and February

Name: _____ Age: _____
(must be 18)

Address: _____

City: _____ Zip: _____

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

Breed: _____ Sex: _____ Neutered _____

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.

Complete this form and return to:
Pam Tynes
5362 E. Division
Springfield, MO 65802

