



**Canine Massage For Pet Owners
REGISTRATION FORM**

Name: _____

Pets Name: _____

Breed: _____

Address: _____

Zip Code: _____

Phone: _____

Email address: _____

**Do you or your pet have any physical
limitations we should know about?**

Yes **No**

**Please wear comfortable clothing and
bring your pets bed or a thick blanket on
the night of class. Make sure all pets are
leashed as you enter the shop!**

**You may drop this reservation form off
with your payment or call and pay over
the telephone!**

LAUND-UR-MUTT 720-981-PETS