



Specialized training for gun dogs
& field trial retrievers

901.212.6088

WolfRiverRetrievers@gmail.com

2676 Pickens Store Rd, Mason, TN 38048

TRAINING APPLICATION

OWNER INFORMATION

Name: _____ Preferred Phone: _____

Email: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

DOG INFORMATION

Dog's Registered Name: _____

Dog's Call Name: _____

Registration Number: _____

Sire: _____ Dam: _____

Breed: _____

Sex: Male Female

Date of Birth: _____

Is the dog tattooed, microchipped, or branded? Yes No

Tattoo, microchip, or brand name or #: _____

Does the dog have any pre-existing injury or illness? Yes No

If so please state the specific injury or illness:

Medications taken for the injury or illness:

EMERGENCY INFORMATION

Name of person to call in case of an emergency: _____

Relation of person to owner of this dog: _____

Number to call in case of emergency: _____

Vet. to call for emergency (if close by): _____