



### Doga Registration Form

- Contact Information

Name: \_\_\_\_\_

Home address, city & zip: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

- About the Class:

How did you hear about Bideawee? \_\_\_\_\_

Have you ever taken a yoga class?  Yes  No

Have you ever taken a Doga Class?  Yes  No

- In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

- I authorize Bideawee to seek emergency medical treatment for me in case of an accident, injury or illness. \_\_\_\_\_(please initial here)
- About your canine companion:

*All dogs must be up to date with vaccines (bordetella, distemper/parvo & Rabies) and get along with dogs in a tight space. Spayed & neutered dogs preferred.*

Breed:\_\_\_\_\_ Name:\_\_\_\_\_

Age:\_\_\_\_\_ Sex:\_\_\_\_\_ Spayed/Neutered?:  Yes  No

When will you send the vaccine records? \_\_\_\_\_

Please fax to Lina Haimelin at 212-532-4210 as soon as possible.

Does your dog do well with other dogs in a small setting?  Yes  No

Has your dog ever bitten anyone or any other dog?  Yes  No

Please fax or email your registration form to:

Lina Haimelin  
[Manhattanlearningcenter@bideawee.org](mailto:Manhattanlearningcenter@bideawee.org)  
212-532-4986