



Nutrition and Exercise Program for Dogs

- 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? _____

Why have you chosen to take this workshop? _____

- 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:

Breed: _____ Name: _____

Age: _____ Sex: _____ Spayed/Neutered?: Yes No

Is your dog overweight? Yes No Comments: _____

What type of exercise do you provide for your dog? Please be specific:

Describe your dog's diet: _____

What are you hoping to learn from this workshop?

- What form of payment do you prefer?
(We are hoping to have on line payment form soon!)

Cash

Check

Credit Card

- Class fee

\$80 for the 2-day workshop

Please fax or email your registration form to:

Manhattanlearningcenter@bideawee.org

212-532-4210

You will be contacted within 72 hours of your application. There is room for 16 people in this workshop.