

Chinook Owners Association  
Working Dog Program

Date:	Registration Number:	Registration Type: <input type="checkbox"/> UKC <input type="checkbox"/> UKC LP <input type="checkbox"/> COA CrossBreeding Program	
Owner & Co-Owner:		Dog's Registered Name:	Handler:
Owner email:	Owner Phone #:	Dog's Date of Birth:	Handler email:
Owner Street Address: <small>Number, Street, Town, State, Zip Code</small>			Handler Phone 3:

Veterinary Service Name	Phone #
Address	
Dog's Weight	
Weighed by (please print)	Job title
Signature of Dog's Owner	Signature of Staff Member