



REGISTRATION FORM
Introduction to Animal Assisted Therapy

Please print and fill out the form. Completed forms should be mailed with a check payable to Rainbow Animal Assisted Therapy, Inc. to the following address:

Dorida King
Rainbow AAT
6042 Oakton
Morton Grove, IL 6005

Bring proof of vaccinations to first class.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Dog's Name: _____

Breed: _____

Age: _____

Date of
Vaccinations: _____

Requested
Location: _____

- Please note:
- 1) Although fees are nonrefundable, if you are unable to attend a scheduled class, we'll happily reschedule you in a future class session.
 - 2) To offset bank charges, there is a \$25 fee for all returned checks.