



MASONIC ASSOCIATION OF SERVICE AND THERAPY DOGS

TRAINING CLASS / VOLUNTEER (Handler) REGISTRATION FORM

We have 12 positions for the next training that are available on a first come, first serve basis.

*Please upload current vaccinations/veterinarian records and this document. Please provide the information below:

Handler Name:

Date of Birth:

Phone:

Email:

Address:

City, State, Zip Code:

Dog Name:

Age:

Dog Breed:

Dog Gender: Male Female

Spayed/Neutered Yes No

I _____ (Handler Name) hereby give MAST the permission to run a background check on myself that will be used after my dog: graduates the class, passes the TDI test and is accepted into the MAST program will be used for our volunteer locations that require this.

_____ (Printed full name)

_____ (Signature)