

**WYOMING K-9 SEARCH & RESCUE
MEMBERSHIP APPLICATION**

Handler Name: _____

Address: _____

E-mail Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Date of Birth: _____

Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

In case of Emergency Notify: _____

Address: _____

Telephone Number: _____

Employer: _____

Address: _____

Telephone Number: _____

Medical Certifications and Expirations Dates: (e.g. EMT, CPR) _____

Dog's Name: _____

Breed: _____ Date of Birth: _____ Sex: F M N

Dog's Previous Training: _____

Veterinarian Name: _____

Address: _____

Telephone Number: _____

Signature of WYK9 Sponsoring Member: _____

NOTE: Handlers must keep dog's immunizations and license current.

I agree to abide by the Wyoming K-9 Search & Rescue Bylaws, Policies and Standards. I know that Wyoming K-9 Search & Rescue (Wyoming K-9) wants competent teams, and that search service requires a sizable and serious commitment of time and effort. I will not represent myself as a Wyoming K-9 Search and Rescue handler unless I am qualified and on the official callout list. I accept full responsibility for myself and my dog.

I understand that if I'm accepted as a member of Wyoming K-9, I will be assigned gear and equipment that is the property of Wyoming K-9. I agree that I will return the gear and equipment to Wyoming K-9 in good working order, upon resignation or termination from Wyoming K-9.

I certify the information in this application and all other official correspondence I give Wyoming K-9 Search and Rescue is true and accurate.

Signature: _____ Date: _____