

# CANINE CONNECTION LLC

## **Emergency Contact Information**

(Please list someone who is not attending this conference with you)

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**If you would like to voluntarily make us aware of any conditions or allergies for you or your canine please do so in the space below.**

Canine Connection

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**DATE:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_