

St. James Veterinary Medical Center  
proudly presents

***“Grape & Fall Festival Annual Dog Show”***

Friday, September 6, 2019  
Registration is 3-3:30pm  
Show starts at 4pm

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please check the category you would like to enter:** *(check all that apply)*

<input type="checkbox"/>	Best Dressed
<input type="checkbox"/>	Best Kisser
<input type="checkbox"/>	Most Obedient
<input type="checkbox"/>	Best Trick
<input type="checkbox"/>	Most Vocal

**Dog's Name:** \_\_\_\_\_ **Dog's Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Terms and Conditions**

- I agree to accept responsibility for my dog and his or her behavior during the “Grape and Fall Festival Annual Dog Show” event.
- I confirm that my dog is current with vaccines. We will need proof of a rabies vaccine.
- I agree to maintain my dog on a leash at all times during the show.
- I will clean up after my dog.
- I will not leave my dog unattended in a vehicle for a prolonged period of time during the show.
- I understand that I am fully responsible for my dog during the time he or she is participating in the show.
- I give permission for pictures to be taken of my pet, myself and my family with the

understanding that these photos may appear on St. James Veterinary Medical Center website or in promotional endeavors.

**I have read and agreed to the terms and conditions:** Yes or No

**Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_