

**Leonberger Club Of America
Therapy Registration**

Last Name: _____ First Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Registered Name of Leo: _____ Call Name: _____

LCA Registry # _____ Name of Handler: _____

Therapy Organization Affiliation: _____

Organizations Address: _____

Organizations Telephone Number _____

Current Date of Membership to Therapy Organization: _____

Date of Canine Good Citizen Test (CGC): _____

Other Tests Awarded: _____

Return registration form to:

John McRae

72 Vonhurst Rd

Moultonboro, NH 03254

If any questions call @ 603-253-4439 or email johnmcr@aol.com

Please enclose a picture of you and your Leo if possible.