POOLES

FOXHOUND

TRAINING PRESERVE

ENTRY FORM

Name _____ Hunt _____ Date _____

Address _____ Derby ☐ Signature _____

City _____ State _____ Zip Code _____ All Age ☐ Certification by Hunter: I certify that the dogs entered into this hunt are current on their rabies vaccinations.

Telephone _____

Kennel # _____

NOTE: Due to VDWR regulations, hunters may be disqualified from hunt for failure to complete the required information above.

Dog #	Dog Name	Sire	Dam	Color	Sex