

Brandenburg Equine and Canine Massage Therapy

Canine Massage Therapist Certification Program Enrollment Application

Name _____

Mailing Address _____

City & State _____

Phone Number _____

Email address _____

* * * * *

Please list any previous experience and education (training, certifications or titles held) in dog-related fields.

Dog-related activities:

First class choice _____ Second choice _____

A \$200 non-refundable* deposit is required with your application. Please include your check or money order payable to Brandenburg Equine and Canine Massage Therapy. We also accept Visa and Mastercard.

Credit card number _____

Expiration date _____

Name as it appears on card _____

*you may reschedule if necessary

Brandenburg Equine and Canine Massage Therapy
610 Hickory St.
Martins Ferry, OH 43935
740-633-6639