Hillsborough County "Truth in Training" Ordinance

Dog Trainer Registration Information

2709 E. Hanna Ave., Tampa, FL 33610 • (813) 744-5660 Fax (813) 635-7428 • AnimalControl@HCFLGov.net

INSTRUCTIONS: Provide information for every line item. If no information exists or the line item does not apply please enter "none" or "not applicable" for that item. If the listed item is required, failure to provide the information may result in the rejection of the registration.

REQUIRED INFORMATION

Name of Dog Trainer (Legal Name of Person in addition to any Doing Business As – DBA) _____

Doing Business As (DBA): _____

Address of Dog Trainer: _____

Phone Number: _____

Email Address: _____

Detailed Description of Training Experience, including the number of months/years in the practice of dog training:

Any Relevant Certifications: _____

Education or How Dog Training Skills were acquired (Include: number of months/years for any of the following – self-taught, formal education, mentorship, apprenticeship, online courses, or any other ways not listed):

Estimated number of clients served (annually and cumulatively): _____

ADDITIONAL OPTIONAL INFORMATION

Website Address: _____

Social Media Addresses: _____

Explanation or List of Services Offered: _____

Other Relevant Information (Such as: training style, training philosophy and other information that would be important to potential clients:

REQUIRED NOTARIZED STATEMENT

I,_____, do hereby certify that all of the information contained herein is true and correct; and that I have not been convicted of or pled guilty or nolo contendere to the offense of cruelty to animals as defined under section 828.12, Florida Statutes after 2017.

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____day of _____, 20___, by _____

_____.

Signature of Notary   NOTARY SEAL

Name Printed or stamped

Personally Known _____OR Produced Identification _____

Type of Identification Produced _____