

TIP TOP DOG SCHOOL at Hamilton Veterinary Clinic

Teaching you to train your dog

Puppy Kindergarten

Owner's Full Name:
Address:
Phone Numbers: home mobile
E-mail address:
Where did you hear of us?

Who is in the household?	Adults	Children	Ages
Do you have any other pets?	no	yes,	please give details:
Have you had a dog before?	yes	no	
Dog's Name:			
Breed/Type of Dog:		Age:	
Sex:	male	female	
When Acquired:		Where Acquired:	
Fully Inoculated:	yes	no	
Health Problems:	no	yes, please give details:	
Behaviour Problems:	no	yes, please give details:	
Name of vet:			
I confirm that, if my dog is in contact with or develops symptoms of any infectious disease, I will inform you immediately. I will not attend classes until given the all clear by my vet.			
Date: _____ / _____ /2012		Signature: _____	

4-week course:

Fee:

Paid:

Date:

Fees are non-refundable but are transferable to St.Mary's Church Hall classes

Cash or cheques only please – unfortunately we do not have the facility to accept credit/debit cards.

Due to limited space we can only have 2 handlers per puppy please

LESSON 1	LESSON 2	LESSON 3	LESSON 4
/ /2012	/ /2012	/ /2012	/ /2012