

# 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:  
 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: \_\_\_\_ / \_\_\_\_ /2010                      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
/ /2010	/ /2010	/ /2010	/ /2010