

TIP TOP DOG SCHOOL at Park Veterinary Clinic

Teaching you to train your dog

Puppy Kindergarten & Older Puppies

Owner's Full Name:
 Address:
 Phone Numbers: home mobile
 E-mail address:

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
 Name of your vet:
 Where did you hear about us?
 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 valid for 3 months

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