TIP TOP DOG SCHOOL

Teaching you to train your dog

Barbara 07831 165 876 or Sue 0785 0843 754

Owner's Full Name:

Address:

Phone Numbers: home mobile

E-mail address:

Where did you hear of us?

Dog's Name:

Breed/Type of Dog:

Age: male female Neutered :

Date Acquired: Where Acquired:

Who is in the household? Adults Children Ages

Health problems? If so please give details:

Behaviour problems? If so please give details:

Do you have any other pets? If so please give details:

Have you had a dog before? If so please give details:

I confirm that my dog is fully vaccinated and is wormed regularly.

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.
I will not bring a bitch in season to classes

Date: / /2010 Signature:
(Owner)

Payment received: £ Date:

Block of six valid for 3 months (non refundable)

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

Vaccination certificate seen: ____/_____/2010 _____

(signed on behalf of TTDS)