

TIP TOP DOG SCHOOL at Village Veterinary Clinic

Teaching you to train your dog

Puppy Kindergarten

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

**By completing & returning this form you are permitting us to use your data for administrative purposes
 Please read our Privacy Policy which is on the Tip Top website**

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: ____ / ____ /2019 Signature: _____

2 week course: **Fee:** **Paid:** **Date:**

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

LESSON 1	LESSON 2	LESSON 3	LESSON 4
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