

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: ____ / ____ /2020 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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