TIP TOP DOG SCHOOL

Teaching you to train your dog

Barbara 07831 165 876 or Sue 0785 0843 754

Owner's Full Name:

Address – including postcode:

Phone Numbers: home mobile

E-mail address

By completing & returning this form you are permitting us to use your date for administrative purposes

Please read our Privacy Policy which is on the Tip Top website

Dog's Name:

Breed/Type of Dog:

Age:

male female Neutered :

Date Acquired: Where Acquired:

Who is in the household? Adults Children Ages

Behaviour problems? If so give details

Where did you hear about us?

Name of Vet:

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: . / /2019 Signature:
(Owner)

Payment received: £ Date:

Block of six valid for 3 months(non refundable)

Vaccination certificate seen: ____/_____/2019 _____

(signed on behalf of TTDS)