

TIP TOP DOG SCHOOL at Village Vet

Teaching you to train your dog

Puppy Kindergarten

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

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: ____ / ____ /2017 Signature: _____

4-week course: **Fee:** **Paid:** **Date:**

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

VALID TILL PUP IS 16 WEEKS OF AGE

LESSON 1	LESSON 2	LESSON 3	LESSON 4
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