

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: ____ / ____ /2018	Signature: _____

4-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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