

# 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

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: .        /        /2017

Signature:  
(Owner)

**Payment received: £**

**Date:**

**Block of six valid for 3 months( non refundable)**

**Vaccination certificate seen: \_\_\_\_\_/\_\_\_\_\_/2017** \_\_\_\_\_

**(signed on behalf of TTDS)**