**ENROLMENT FORM**

FULL NAME:

ADDRESS:

TELEPHONE NUMBER:

DOG’S NAME:

BREED/TYPE:

DATE OF BIRTH:

MALE/FEMALE:

NEUTERED?

WHERE DID YOU OBTAIN YOUR DOG AND WHEN?

DO YOU HAVE OTHER DOGS AT HOME, IF SO DETAIL AGE, SEX, BREED

WHAT DO YOU FEED YOUR DOG?

DO YOU HAVE ANY PROBLEMS WITH YOUR DOG AT THE MOMENT IF SO PLEASE DESCRIBE:

HAVE YOU ATTENDED ANY OTHER CLASSES? IF SO WHERE AND FOR HOW LONG:

DO YOU HAVE ANY CHILDREN?

NAME OF VET:

WHAT DO YOU WISH TO ACHIEVE FROM THIS COURSE?

DO YOU HAVE ANY SPECIAL REQUIREMENTS?

WHICH COURSE WOULD YOU LIKE TO ATTEND?

**Please state venue, time and date here for PUPPY STARTER COURSES**

WHERE DID YOU HEAR ABOUT US?

WE NEVER SHARE DATA OR STORE YOUR DETAILS ELECTRONICALLY

If you want confirmation of your place please leave your e mail address or mobile phone number here. Thanks

Please complete this form and return it to the above address **BEFORE** classes start. YOUR PLACE IS NOT BOOKED UNTIL THE FORM IS RETURNED

It is important that I have as much information as possible, so that I can account for your needs. The return of the form guarantees your place we will assume if you do not return the form that you will not be attending, if there are any problems then I will contact you. Thank you.