**Registration Form**

These details will help us to help you get the best from our training classes. Priority fields are your contact telephone numbers and email addresses.



**Your Details**

Full Name:…………………………………………………………………………

Full Address:………………………………………………………………………

…………………………………………………………Postcode ………………

Tel Number: Home………………………… Work…………………………

Tel Number: Mobile……………………………..

Email Address: ……………………………………………………………………

**Owner** Allergies/Health Problems:………………………………………………

**Emergency Contact details:**

Name:…………………………………………………………………………………

Address:………………………………………………………………………………

Tel Number:…………………………………………………………………………..

**Dogs Details**

Dogs Name:…………………………….. Dogs Date of Birth:…………………

Breed:……………………………………. Vaccinated: Yes/No

**Neutered:** Yes/No **Health problems**: ……………………………

**Sex**: Male/Female **Micro-chipped**: Yes/No

**Dog’s Current Training Level**: None/Beginner/Basic/Intermediate/Advanced

**Dog’s Current Exercise:** …………………………………………………………………….

**Dog’s Diet:**

What brand of food do you feed your dog? …………………………………………………………….

How many meals per day does your dog eat? One/Two/Three/Four/Food always available

**What do you hope to achieve from the training sessions?**

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**Are** you having any behavioural problems with your dog? Please state problem below.

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**Where did you hear about us?** Pets@Home/Vets4Pets/ Yellow Pages/Yell.com/Other, Please State ………………………………………………