



REGISTRATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS

Owners Name: _____ Any physical hearing or impairment? _____

Please also include the names of anyone else attending the course with you:

1. _____ 2. _____ 3. _____

Your address: _____ Tel: (home): _____

_____ (mobile): _____

_____ Email: _____

Your Vet: _____ Vets Tel: _____

Vets Address: _____

Pet Insurance Company (if applicable): _____

How/where did you hear about HAPPY DOGS? _____

YOUR DOG

Name: _____ Sex: Male/Female* Entire/Neutered* (*delete)

Breed: _____ Age: _____ D.O.B.: _____

Vaccination date due: _____ Age obtained: _____

Have you attended any dog training clubs? (if so, where?) _____

Do you have any of the following problems with your dog?

Aggression to other dogs		Cannot be left alone at home	
Aggression to people		Toilet training	
Food aggression		Barking	
Digging		Pulling on lead	
Chewing/destructive		Hyperactive	
Fear of noises		Does not come when called	

Has your dog ever bitten anyone? if yes, has the bite been towards:

Family Member		Home visitor		Stranger		Children	
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Does your dog have any physical problems, which may affect the training?: _____

What are your reasons for attending our training course? Do you have a certain issue to tackle?

Thank you for completing this form, please send it together with the (non-refundable) deposit OR full cost of the course to: 16a St Andrews Road, Exmouth, Devon. EX8 1AP. (cheques payable to 'Happy Dogs')

Please bring your vaccination card with you on your first session.

We look forward to meeting you and your dog on: