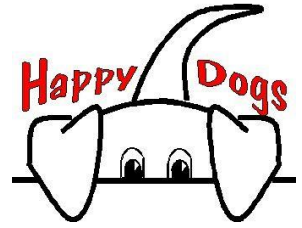


PUPPY COURSE REGISTRATION FORM



PLEASE COMPLETE IN CAPITAL LETTERS

Owners Name: _____ **COURSE DATE:** _____

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 PUPPY

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

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

Age obtained: _____

Have you attended any puppy parties/classes? (if so, where?) _____

PLEASE TICK if you are happy to be on our mailing list for future courses, events, promotions etc.
We will never sell your data or share with third parties for marketing purposes.

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 & your puppy

Office Use Only	
Vacc. record seen by:	Vaccination due date: