

# AGILITY 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 DOG

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age obtained: \_\_\_\_\_

Have you attended any dog training clubs? (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 dog**

### Office Use Only

Vacc. record seen by:

Vaccination due date: