



# 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 post or email, along with (non-refundable) deposit OR full cost of the course to:** 16a St Andrews Road, Exmouth, Devon. EX8 1AP.

Payment can be made via direct bank transfer: **Happy Dogs, Account No: 06695915, Sort Code: 12-24-82** or cheque - 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:**