



Class Type: _____
Class Day / Date: _____
Location: Bacup / Haslingden (delete as appropriate)

Training Course Booking Form

I confirm I wish to attend the above training course with my dog.
I confirm my dog is fully vaccinated, regularly wormed and in good health.
I understand that should my dog be in contact with any infectious disease, I will not attend any classes until given the all clear by a vet.

Name:
Address:
.....
.....
Phone: Mobile:
E-mail Address:

Dogs Name:
Breed:
Dogs Date Of Birth: Dogs Sex: M / F
Any known behavioural Issues?
.....

What do you hope to gain from the above course?
.....

Are you interested in the Kennel Club's Good Citizen Scheme? Yes / No

Your dogs veterianary surgery
Vets surgery phone number:

Date: Signed.....

Please note: you will receive a call from our trainer a few days before the start of the first class for a short introduction and to advise you of items you will need to bring along. If you have questions or wish to discuss anything, please feel free to call Lorraine on 07973 285132.

For Internal Use only:

Welcome call made:
Information pack given:
Payment received: