**CLIENT REGISTRATION FORM - Please print & complete. Return by email or post to office address.**

**Please read the additional notice re Kennel Cough and Kennel Cough vaccine restrictions.**

**Tick Option Booked Dates**

|  |  |  |
| --- | --- | --- |
|  | **Private Lesson** |  |
|  | **Behaviour Consultation** |  |
|  | **Tellington TTouch Workshop** |  |
|  | **Puppy Training Course** |  |
|  | **Dog Training Course** |  |

**OWNER DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **Email** |  |

**PET DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Species** |  | **Breed** |  |
| **Age** |  | **Sex** |  | **Neutered** |  |

|  |
| --- |
| **Does your pet suffer from any health and/or behaviour problems – if so give details below** |
| **(continue over if necessary)** |

**Owner’s Signature: ………………………………………………………………………………. Date: …………………………………………**