

Jo Churlish

ANIMAL BEHAVIOUR AND TRAINING

Enrolment form

<u>DETAILS of Adults and children that will be attending classes</u>		
Title: _____	Forename: _____	Surname: _____
Title: _____	Forename: _____	Surname: _____
Title: _____	Forename: _____	Surname: _____
Title: _____	Forename: _____	Surname: _____
Address: _____		

County: _____	Post Code: _____	
Tel No: _____	Mobile: _____	
E-mail: _____		
Handler's name (s) that you would like on any certificates: _____		

Dog's Name: _____	D.O.B. _____	Age: _____
Sex: _____	Neutered? Yes/No _____	If yes, when? _____
Breed: _____		
Kennel Club Registered Name: _____		

Name of Veterinary Practice: _____
Name and type of food my dog eats: _____

Who recommended us?

- Vet Yellow Pages Yell.com Jo's Website Pet shop
 APDT Kennel Club Thomson Local John Rogerson Friend
 Other (please give details) _____

It is very important that we know as much as possible about your dog before attending the class. We would be grateful if you would tick any of the boxes below which are **relevant** to your dog.

- Nervous of people or dogs Barks at people or dogs Has bitten a person or dog
 Over-excitable Unresponsive to requests Allergic to any food or treats
 Is on medication Has an illness Has any behaviour problems

Please give any details that are relevant: _____

I would like to enrol on the following course:

- Class: _____ Time: _____ Date: _____ Place: _____
 I enclose the full cost of the course £ _____ (Cheques made payable to 'Jo Churlish')
 I confirm that my dog is fully wormed I confirm that my dog is fully vaccinated

Print name: _____ Signature: _____ Date: _____

Please return this form and payment to Jo Churlish (please do not send cash by post)

- Email: jc.pets@yahoo.co.uk (and post a copy with payment)
- Post enrolment form and payment to the address shown below