

**Padders Dog Training**

“Training Through Fun”

**Enrolment Form - 2016**

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| Welcome to Padders Dog Training, in preparation for your first training session please complete this form on-line. When completed please print off, sign and bring with you to your first training session. |
| Your Name |  |
| Address |  |
| Postcode |  | Landline No | Mobile No |
| Contact Nos |  |  |
| E-mail  |  |
| Do you as the handler have any medical condition that may affect your ability to manage your dog? Please enter details below *(If you wish to discuss this with me in confidence then please let me know prior to your first training session)* |
|  |
|  |
| Dogs Name |  | Breed |  |
| Age |  | Sex |  | Is your dog registered with a Vet? |  |
| Full name and address of your Vet |
|  |
| Postcode |  | Tel No |  |
| Is your dog fully vaccinated? |  | *t* |
| Does your dog have any medical conditions that we should be aware of?  |  |
| *(please enter details here)* |
| Has your dog any aggressive tendencies towards dogs or people? |  |
| *(please enter details here)* |
| Have you trained a dog before? |  | *t* |
| *Has this dog attended training sessions?* |  | *t* |
| *Where did you hear about Padders Dog Training?* |
|  |
| Please note that **Padders Dog Training** will not be liable for any loss or damage to property, or any injury to any persons or dogs. It is recommended that you take out your own individual insurance for your dog. Further details are available upon request. There may be occasions when photographs taken during training session of yourself and your dog that will appear on the Padders Dog Training web page and social media sites(i.e. Facebook). If you have any concerns then please contact me directly.*Kind Regards Jenny Thomson*  |
| Signature |  | Date |  |
| Print Name |  |

