

# ROSSWAY DOG TRAINING SCHOOL



Tel: 01442 870990  
 www.rosswaydogtraining.co.uk

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone no: \_\_\_\_\_

Name of Dog ..... Vaccination Date .....  
 Breed ..... Booster Date .....  
 Date of Birth ..... Wormed Date .....  
 Age ..... Sex: Male/Female

Brief history of dog, including background problems. \_\_\_\_\_  
 \_\_\_\_\_

Requirements from training: \_\_\_\_\_

Have you trained a dog before: Yes/No

Do you have any disabilities: Yes/No Please give details \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

Certain classes are available 7 days a week. Please circle choice of day in order of preference.

1<sup>st</sup> choice:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM	AM PM	AM PM	AM PM	AM PM	AM PM	AM

2<sup>nd</sup> choice:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM	AM PM	AM PM	AM PM	AM PM	AM PM	AM

I accept that less than 24 hours cancellation notice will result in a full charge being made and loss of the lesson. Also should I choose to discontinue my prepaid lessons NO refund will be given.

Signed .....

Date.....