APPLICATION TO JOIN THE HIGHAM HILL DOG TRAINING CLUB

Name :

Address :

Postcode :

Telephone :

Mobile :

Email :

Dogs Name:

Sex ..

Breed of dog:

Date of Birth:

Class Puppy (under 6 months)

Junior (6 – 12 months)

Adult (over 12 months)

Is your dog a rescue? Yes No

Date of last vaccinations : \_\_\_/\_\_\_/\_\_\_\_

(Please bring vaccination card to your first class)

Does your dog have any food allergies? Yes No

If yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any physical or other medical problems which may affect its ability to participate in activities? Yes No

If yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever had any problems with:

People: Yes No please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs: Yes No please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your main aims from attending classes?

Is there any other information that you would like us to know?

**I have read and agree to the HHDTC Terms and Conditions.**