

MID WALES DOG TRAINING.
BELAN. CAERSWS. POWYS. SY17 5RF. Tel:(01686) 688920

Gail Gwesyn-Pryce - Professional instructor/behaviour counsellor.
Certificated by: AADT. BIPDT. CSI. NCAB.
Founder member APDT No: 00116.

REGISTRATION FORM

Class beginning:

Venue:

Name:

Address:

Telephone No:

Pet name of dog:

Breed: Age: Sex: Speyed/neutered?

Age obtained: From: Breeder/Puppy farm/Private home/ other

Have you owned a dog before?

Breed/type:

Have you trained a dog before? When :

Where:

State briefly the specific reason for enrolling in our classes

What do you hope to accomplish?

Do you have any hearing or other physical handicaps?

Does your dog have anything that might affect his training?

Is your dog vaccinated (nosodes accepted)? yes/no.

What kind of food do you feed your dog? Please state exact brand if fed on processed food: (we ask this as some foods can have an effect on your dogs behaviour).

Why do you feed this particular diet (if using processed food)?

How did you hear about our classes?

DECLARATION: I hereby agree to indemnify and hold harmless Mid Wales Dog Training, its employees, owners and agents from any and all claims by any member of my family or any other person accompanying me to any training sessions or function as a result of any action by any dog including my own.

I enclose cash/cheque for £15 as deposit (a receipt will be issued) against my training course and agree to pay the balance in full at the first meeting. Please make cheques payable to GAIL GWESYN-PRYCE.

NO REFUNDS CAN BE GIVEN EXCEPT IN EXCEPTIONAL CIRCUMSTANCES.

Signed:

Date: