

# Mid Wales Dog Training

Belan. Caersws. Powys. SY17 5RF Tel: 01686 688920

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## Gail Gwesyn-Pryce. APDT No: 116 RESIDENTIAL REGISTRATION FORM

Booking Dates:

Name of Owner:

Address:

Tel.No:

Pet name of dog:

Age:

Sex:

Neutered: Yes/No.

Breed/type:

State specifically what you wish your dog to achieve: (please do not just say obedience or better behaved as this can differ from person to person)

Any specific problems that need sorting out:

Does your dog suffer from anything that might effect its training?:

Is your dog vaccinated? Yes/No. If yes date of last vaccine or nosode:

(if you choose to give your dog a booster vaccine please make sure that it is completed at least two weeks prior to arrival here - nosode vaccination excepted)

When was your dog last wormed?:

Tattoo/microchip No:

Your Vets name/address/tel.no:

Details of contact if you are going away on holiday:

Are you supplying your dogs food?: Yes/No. In either event please stipulate what you feed your dog, at what times and amounts, including treats and extras. If we feed your dog it will be a comprehensive fresh food diet.

Is your dog insured?: please give details.

Please make sure your dog has a well fitting fixed (not slip) type collar on with an identification tag attached to comply with the law. You can bring with him (within reason) anything you would like him to have with him in the kennel.

How did you hear about our services?:

Please enclose cheque/PO for £30 as deposit (receipt will be issued) against your training fees.

The balance is payable in full on collection of your dog. Make cheques payable to: GAIL GWESYN-PRYCE. (NO REFUNDS CAN BE GIVEN EXCEPT IN EXCEPTIONAL CIRCUMSTANCES.)

DECLARATION: I hereby agree to indemnify and hold harmless Mid Wales Dog Training, its employees, owners & 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.

Signed:

Date: