



## School Registration Form

These details will help us to help you get the best from our dog day school service

Full Name:			
Full Address		Postcode	
Telephone Number:	Mobile		
	Home	Work <sub>(inc ext)</sub>	
Email Address:			
How did you hear about us:			
<b>EMERGENCY CONTACT DETAILS (incase we cannot contact you) :</b>			
Name:			
Relationship to you:			
Address		Postcode	
Telephone Number:			
<b>VETS DETAILS</b>			
Practice Name:			
Practice Address		Postcode	
Practice Phone Number:			



## DOGS DETAILS

Dogs Name:		Sex:		Dogs D.O.B	
Breed:				Neutered:	
Colour:			Markings:		
Vaccinated		Kennel Cough Vaccine:			

*Standard vaccinations are a requirement for use of the school. Kennel Cough vaccine is not a requirement. We will require a copy of your vaccination card for us to keep with your file.*

Has your dog been imported?					
If yes has your dog been tested for Canine Brucellosis?					
Health problems/Allergies:					

## BEHAVIOURAL QUESTIONNAIRE

Are you having any behavioural problems with your dog? Please state below:					
Has your dog ever been in a multiple dog environment for extended periods?					
Do you expect your dog to have any problems coping in this type of environment?					
Has your dog ever had any issues with other dogs?					
If YES please state:					

*Please note this will not necessarily stop you using the facility but we need to be aware of any previous issues to ensure the welfare of your dog.*