

Happy Paws Dog Training Society New Member Form

Introductory Talk by:	Date:
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Owner's Name and Address

First Name	Surname	
Handler's Name (if different from above)		
Address:		
Postcode		
Home Tel:	Mobile	Email Address:
Are there any children in the home?		Age(s)
Veterinary Surgery:		

About Your Dog

Dog's Name	Age/Date of Birth (if known) / /	Breed (or Type)
Breeder (if known)		Dog/Bitch Neutered? Yes/No
Is Your Dog Micro-chipped Yes/No		Microchip No:
How long have you had your dog?		Any other dogs at same home?
Temperament		How much exercise each day?
Does dog live Indoors/Outdoors?		Have you previously owned a dog?
Has handler had previous obedience experience?		
How long, on average, is dog left alone?		
History (if rescued or re-homed dog)		
Any problems?		

What do you hope to achieve?

eg. Obedient pet Fun agility

<p>Please bring the following when you start your class:-</p>	<p>This Form Membership Fee Training Fee Vaccination Certificate Collar & Lead (for training) Small Titbits Toy</p>
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