We would like to welcome you to our fun training school.

We have various activities and training sessions available brought to you by qualified dog trainers.

Our latest training information can be found on our website: [www.pawmasters.co.uk](http://www.pawmasters.co.uk)

**Please complete this form and return to the address below together with £70.00.**

**We accept both cash and cheques but currently do not have the facility to accept card payments.**

Classes take place at: **Pawmasters, Beakes Road, Bearwood B67 5RS**

Please note all classes must be paid in full prior to commencement. Once payment is made and a space allocated to your dog, then no refunds will be allowed except in extreme circumstances. However, we will do our best to reallocate your dog to another course if non-attendance is due to a valid medical condition. Please note, bitches in season are not able to attend classes, course carry over can be discussed in this instance.

Unfortunately, your place on a course cannot be secured until we receive payment.

*Please return completed form to*: **Pawmasters c/o** **Linella Dog Grooming, Beakes Road, Bearwood B67 5RS**

**Please do not attend classes if you have had symptoms of Covid.**

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| Name of Handler: | | | |
| Address: | | | |
| Tel: | Email: | | |
| Name of Dog: | Age: | | |
| Breed: | Sex: | Neutered/Castrated: | |
| Please provide full details (together with dates) of your dog’s vaccinations: | | | |
| Name: | Date: Seen: Yes / No | | |
| Name: | Date: Seen: Yes / No | | |
| Has your dog socialized with other dogs before? | | | Yes / No |
| If yes, with what breeds? | | | |
| Has your dog ever shown any signs of aggression towards any other dogs or people? | | | Yes / No |
| If yes, please provide details | | | |
| Have you attended training classes before: | | | Yes / No |
| If yes, please provide details ad if they were KC Good Citizen | | | |
| Does your dog have any health problems that may affect their training? | | | Yes / No |
| If yes, please provide full details: | | | |

Signature of handler: ................................................................................... Date.: ..........................

Office use only:

Class: Preferred Time:

Paid: Initials: Date: