**Mixed Ability Dog Training Classes
 Registration Form**

*Information about you:*

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Address:** |  |

*Information about your dog:*

|  |  |
| --- | --- |
| **Name:** |  |
| **Age/ D.O.B** |  |
| **Gender:** |  |
| **Breed** |  |
| **Vaccinated:** |  |
| **Neutered:** | Yes/ No - date? |
| **Vets name and address:** |  |
| **Permission to contact vet if needed?** | Yes/ No |
| **Does your dog have any medical issues that we need to be aware of including food allergies?If yes please state:** |  |
| **Does your dog have any behavioural issues that we need to be aware of?****If yes please state:** | This includes any touch phobias, difficulty in being stroked or handled by yourself or others, any form of aggression, nervousness around other dogs/ people, over excitement around other dogs, excessive barking etc. |

*Further information:*

|  |  |
| --- | --- |
| **What do you hope to learn in these training classes?** |  |
| **Where did you hear about our training classes?** | Nature’s Therapies website □Nature’s Therapies social media □Other □ (please specify) ……………………………………………… |

**Would you like to be kept up to date with events and special offers?**
Yes please □ No thank you □

**By ticking/ highlighting this box you agree to our terms and privacy policy:**
Yes □
**Payment Method** (pay as you go each week)**:**
Cash □ Bank transfer □  *(Account number: 36626960 Sort code: 30-94-87)*

Please fully complete this form and email it to:
liz.naturestherapies@gmail.com