



## DOG TRAINING

### Booking Form

Please state the name, date, time and place of the course you wish to book onto:	
Name:	
Address:	
Phone No (please include code)	
Email:	
Dogs Name:	
Age:	
Breed/Crossbreed:	
Please tell us about any training problems you are having:	
Where did you hear about our classes?	
Name(s) you would like on your certificate:	
Has your dog ever bitten a person or other dog? [yes/ no] If yes please provide details:	

**Disclaimer:** *I understand that my dog must be on lead (unless under instruction ) and under control by me, at all times and that I am responsible for my dogs actions whilst within the training premises. I understand that it is my responsibility to clean up after my dog. I can confirm that my dog is fully vaccinated and I will provide the documents on the first lesson*

I enclose a cheque for ..... made payable to **Komplete K9s**

Signed: .....

Please return the completed form and payment to:- **Komplete K9s, 27 North Moor Avenue, Trimdon Colliery, Co Durham TS29 6AG**. You will receive a phone call or email on receipt of application.

**Komplete K9s have a strict No choke chains policy**