

# MID WALES DOG TRAINING

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Gail Gwesyn-Pryce. APDT BIPDT AADT CSI

## RESIDENTIAL REGISTRATION FORM

Booking Dates:

Name of Owner:

Address:

Tel.No: e mail:

Pet name of dog: Age: Sex:

Neutered: yes/no. Breed/type:

State specifically what you wish your dog to achieve:  
(please do not just say obedience or better behaved as this can differ from person to person)

Any specific problems that need sorting out:

Does your dog suffer from anything that might effect its training?:

Is your dog vaccinated? yes/no. If yes date of last vaccine or nosode:  
(if you choose to give your dog a booster vaccine please make sure that it is completed at least two weeks prior to arrival here - nosode vaccination excepted – we accept dogs without vaccine so long as they have been titre tested – in either event Vaccicheck is recommended to prove immunity.)

Tattoo/microchip No:  
Your Vets name/address/tel.no:

Details of contact if you are going away on holiday:

Are you supplying your dogs food?: yes/no. In either event please stipulate what you feed your dog, at what times and amounts, including treats and extras. If we feed your dog it will be a comprehensive fresh food diet.

Is your dog insured?: please give details.

Please make sure your dog has a **well fitting fixed (not slip) type collar on with an identification tag attached to comply with the law.** You can bring with him (within reason) anything you would like him to have with him in the kennel.

How did you hear about our services?:

A DVD of your dogs training will be supplied. No extra charge.

Please enclose cheque/PO for £50 as deposit (receipt will be issued) against your training fees. The balance is payable in full on collection of your dog. Make cheques payable to: **GAIL GWESYN-PRYCE.** Or BACS: A/C No: 06287254 Sort code: 08-93-00 Ref: your surname, please confirm with us when paid.

NO REFUNDS CAN BE GIVEN EXCEPT IN EXCEPTIONAL CIRCUMSTANCES.

DECLARATION: I hearby agree to indemnify and hold harmless Mid Wales Dog Training, its employees, owners & agents from any and all claims by any member of my family or any other person accompanying me to any training sessions or function as a result of any action by any dog including my own.

Signed:

Date: