

Agility Membership Form

Full Name	
Address	
Post Code	
Tel Number (daytime)	
Tel Number (evening)	
Email Address	

Dogs Name		Breed	
Age		Sex	
Neutered		If yes, when?	

How long have you owned your dog?	
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If you haven't owned your dog from a puppy, do you know any of his/her past history? (i.e. rescue dog etc)

Has either you or your dog been to agility classes or competed in agility before? (If yes please give details)

Does your dog have any current injuries/conditions or has he/she suffered from injuries/conditions in the past i.e. fractured bones, muscle injuries etc?

(Please Note: Depending on the nature of the injury/condition some elements of the course may be modified to ensure these injuries are not aggravated – e.g. reducing the height of jumps. If you would prefer this not to happen please mention this and you will need to sign a disclaimer).

Where did you hear about this course?

What skill would you most like your dog to gain from this course?

If you enjoy the beginner agility course, would you be interested in carrying on to the intermediate classes? (rolling classes)

I have been provided with, read, understood, and accept the terms and conditions of Canine Gems Behaviour and Training:

Signed	
Print Name	
Date	

Thank you for taking the time to fill out this form. Please note, if you have already booked on to our Beginner Agility Academy 8 week course, the full course fee (less deposit), is payable at the first lesson, cash only please.

The deposit is required to secure your place once you return this form, details of how to transfer this will be advised. Also please bring along your dog's vaccination certificate with this form and payment to the first class as proof of full vaccination. If you haven't booked yet please remember numbers are very limited – book now on 07946 171679 or email caninegems@outlook.com to ensure your place.

OFFICE USE ONLY:

Vaccination Cert Seen?		Date Vaccinated Until	
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