**JULIE VALLER**

**PUPPY PRE-SCHOOL REGISTRATION**

**HELD AT CARLYLE VETERINARY CLINIC**

**Owner’s Name: ………………………………………. Phone:**

**Address: ………………………….………….. Wk:**

 **………………………………………**

**Puppy’s Name: ……………………………… Sex: M F**

**Breed: …………..………………… Age/Date of Birth:**

**Classes held : Wednesday 6.15pm – 7.15pm 7.30pm – 8.30pm** (numbers dependent)

(Julie will Phone to confirm starting date)

**Cost: $80.00 for 4 x 1 hour lessons**

(To be paid at the first class)

***NOTES:***

1. ***The currently recommended vaccination regime must be started prior to beginning Puppy Pre-School.***
2. ***Please bring: a lead, collar, some food (cheese, or luncheon sausage are ideal) and a favourite toy.***
3. ***Feel free to have other family members attend.***

**Signature: …………………….………….. Date: / /**

**Trainer Contact Details: Julie Valler email:** **jandj.valler@xtra.co.nz**

 **Cell: 027 370 6889 text only**