

Sit, Sniff & Touch

Mantrailing Registration Form

Please fill out this form and return by email or print it out and bring with you to your intro.

Pets Name:

Breed:

Age of pet:

Owners Name:

Owners Address:

Contact number(s):

Next of Kin & contact number:

Email address:

Please answer the following questions about your pet:

Is your pup/dog in good health?

Are their vaccinations up to date?

Are they spayed / neutered?

Has your pup / dog had previous training?

Does your pup/dog have any food allergies?

Is your pup/dog reactive towards people or dogs?

Does your pup/dog resource guard?

If yes to any of the above, please list details:

Have you owned dogs before:

If yes, please list:

Have you done any kind of training before?

yes, please list:

How did you hear about Sit,sniff & touch?

I have read, understood & agreed the terms & conditions of sit Sniff & touch

Signed: (electronic signature)

Date: