



1/18 Spine Street  
SUMNER PARK QLD 4074

P O Box 844  
MT OMMANEY Q 4074

PH: 3279 6199

Email: training@wagtails.com.au

## Customer Registration Form

Surname: \_\_\_\_\_ Owner's name/s \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone: \_\_\_\_\_ (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (mobile)

Email Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Pedigree name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed/s: \_\_\_\_\_

Colour: \_\_\_\_\_ Markings: \_\_\_\_\_

Council Rego No: \_\_\_\_\_ Owners CCCQ No : \_\_\_\_\_

Sex: Male/Female Desexed: YES/NO Date of Desexing: \_\_\_\_/\_\_\_\_/\_\_\_\_ Microchip No: \_\_\_\_\_

Date of last vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Next Vaccination due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last Vet Check: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is the dog on any Medication? Yes / No

Details: \_\_\_\_\_

Where did you purchase your dog from? Breeder / Pet Shop / Friend / Paper Ad / RSPCA / Found

Name of Kennel/Pet Shop where purchased? \_\_\_\_\_

Age of dog when purchased. \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

Please tick which division of Oz Wagtails are you interested and which area would best suit you.

Day Care -----  Puppy Training -----  Basic Obedience -----

Level 2 Obedience-----  Home Consultation-----  Home Training-----

Private Lesson -----  Vacation Training -----  Agility Training -----

Brisbane West  Brisbane North  Brisbane South  Brisbane East

Owners objective by attending Oz Wagtails:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tick box if you do not wish to be placed on our mailing list

## **RELEASE**

I understand that the dog training and agility training classes offered by Wagtails involve group classes where dogs are trained on and off lead and on agility equipment. I acknowledge that my choice to participate in the activities offered by Wagtails is completely voluntary. I assume full responsibility for any injuries that may occur to my dog, or persons associated with me, during the duration of the classes, which is not limited to but include liability for dogs on the road, falls from agility equipment, attacks by other dogs to persons associated with me or my pet, and in particular any children associated with me playing on the agility equipment. I hereby waive any claim that I may have against Wagtails or any person involved therewith for injury of any sort.

If I have a dog with a pre-existing aggression which would affect my dog's ability to participate in Wagtails classes, I will advise Wagtails to determine whether my dog will be acceptable by them and their decision will be final and binding.

I also understand that I am committed to a course run by Oz Wagtails and therefore if I decide to withdraw from the course after the 2<sup>nd</sup> week that a refund will not be given.

By signing this release I confirm that I have carefully read the above and fully understand and agree to this release.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

.....  
Print Name

.....  
Signature

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### **Office Use:**

Type of Service: \_\_\_\_\_ & \_\_\_\_\_

Date of commencement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Vaccination sighted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount paid \$ \_\_\_\_\_ Date of payment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Appointment booked:  Customer Database  Invoiced

Tailwagger Club Member  Member Number : \_\_\_\_\_