

# HARPER'S HOUNDS

## Dog Registration

### Owner Name:

Address:

Mobile Number:

Email:

### Dog Name:

Breed:

Age:

Sex:

Neutered / Spayed:

### Emergency Contact

Name:

Address:

Mobile Number:

### Vet Contact

Name:

Address:

Tel Number:

### Insurance

Name of Insurer:

Policy Number:

Microchip Number:

### Vaccinations

Please confirm that your dog has been inoculated against ALL of the following:

Canine Distemper

Leptospirosis

Infectious Canine Hepatitis

Canine Parvovirus

Bordatella Kennel Cough

Fleas

Worms & Parasites

**Please attach a copy or photo of your dog's vaccination card.**

### Medications

Please give details of any medication your dog is currently being prescribed:

### Illness

Please give details of any current or re-occurring illness:

### Diet

Please give details of any food stuffs your dog is allergic to.





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## Dog Registration

### Your Dog's Behaviour

Please list below any details of fears or phobias.

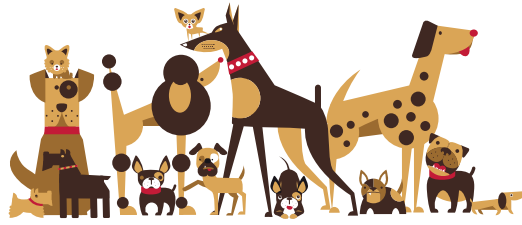
Has your dog ever displayed any form of aggression either towards another dog or human? If so, please give details.

Has your dog had any training? Attended any puppy classes/ socialisation groups?  
If so where & who was the organiser/ trainer? How many sessions did you attend? Please give details.

How good is your dog's recall? What recall tools do you use?

What commands does your dog know/ use?





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## Dog Registration

### Your Dog's Behaviour

Does your dog travel well in a car? If so, where do they sit?

Has your dog ever displayed any form of aggression either towards another dog or human? If so, please give details.

Does your dog resource guard? Toys, balls, food, water, humans ?

Have you needed to use the services of a canine Behaviourist?

### All dog owners to sign

I certify that all of the above information is a true and accurate reflection of my dog's character, behaviour & medical state. By signing this dog registration form, I understand that I am agreeing to, and am contractually bound by Harper's Hounds' terms and conditions.

Name of owner:

Name of dog(s):

Signature of owner:

*By ticking this box you are agreeing to the terms and conditions stated in this form*

Date:

