

**Ask your Vet or an accredited APDT Trainer to fill in the below. Please then return it to us with your completed registration form.**

Applicants name: ..... Date .....

The person named above has requested that their dog registers as a Fundraising Dog for Medical Detection Dogs. This role will include attending events and social activities in a variety of settings and meeting people of all ages. As the dogs welfare and wellbeing is paramount we ask if you would complete the following to help support their registration.

For further information please contact Jane Isted

Email: jane.isted@medicaldetectiondogs.org.uk.

Telephone: 01243 839306

Medical Detection Dogs greatly appreciates your time and attention in completing this form.

Dog Name .....

Age: .....

Is this dog microchipped?: Yes  No

If yes what is the microchip number? .....

Vaccinations up to date Yes  No

Does the dog receive routine preventative healthcare eg.worming? Yes  No  Don't know

Do you consider this dog to be healthy? Yes  No

If no why? .....

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Do you feel there would be any reason why this dog should not act as a Fundraising Dog Yes  No

If yes why? .....

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Vet Name: ..... APDT Trainer Name: .....

Signature: ..... Signature: .....

Practice address: ..... Address: .....

..... Address: .....

Postcode: ..... Postcode: .....

Telephone No. .... Telephone No. ....