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Small Dog Basic Training Enrolment Form

Please complete the following information so that I can ensure that you can obtain the most benefit from your training. To enrol in a course, please return this form along with the course fee. Please note that enrolments are on a first in - first served basis and enrolments will not be processed until payment is received. Thank you.

Course Details

1st preference Commencement Date: _____ Time & Location: _____

2nd preference Commencement Date: _____ Time & Location: _____

Owner Details

Name: _____
First Name Surname Preferred name

Partner's Name: _____
First Name Surname Preferred name

Address: _____
Street No. & Name Suburb/Town Postcode
Postal Address (if different from physical address) _____

Phone Home: _____ Mobile: _____ Work: _____

Email _____

Dog's Details

Name: _____ Breed: _____

Gender: Male Castrated Entire Female Spayed Entire

Date of birth: (or approximate age if not known) _____

Age of dog when acquired: _____ Acquired from _____

Is this your first dog? Yes No

Has your dog had any previous training? If yes, please state when & where.

Any children at home? Yes No

Names & ages of children who will be attending class: _____

Are there any other pets at home? Yes, please list: _____ No

How much time does your dog spend Inside? : _____ Outside? : _____

How many hours a day is your dog normally without human company? : _____

Where is your dog when s/he is alone? _____

Does your dog have any specific behavioural or training problems such as jumping up, running away, pulling on leash etc? Please list as many as you like.

Has your dog shown any aggression, bitten, or attempted to bite:

Other dogs? Yes No
People? Yes No

If yes, please provide details of incident(s)_____

What have you tried previously to prevent or change your dog's behaviour?

What cues (words or signals) does your dog already respond to reliably?

What do you hope to achieve from these classes?_____

Does your dog have any medical issues or allergies? If so, please state:_____

Veterinary surgeon:_____

In the event of an emergency, contact name:_____ Phone:_____

Where did you hear about these classes?_____

Whilst all due care is taken no responsibility will be accepted for illness, personal injury or property damage to participants or their dogs whilst participating in these classes.

I understand that is a requirement of these classes that my dog has a current vaccination certificate (minimum C4). I declare that my dog is currently immunized.

Signature of owner:_____ **Date**_____

Office Use Only

Amount Paid_____ Cash / Cheque / Money Order / Direct Bank Deposit Date / /200

Confirmation posted_____