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Walk This Way 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

Commencement Date: _____ Time & Location: _____

Owner Details

Name: _____
First Name Surname Preferred Name

Partner's Name: _____
First Name Surname Preferred name

Address: _____
Street No. & Name Town/Suburb 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) _____

Has your dog completed a Scholars in Collars Basic Training Course?

Yes, please state when _____

No, please state if your dog has attended any other training club or classes & the level that your dog was in when you left

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

What do you hope to achieve from these classes? _____

Are there any children at home: Yes No

Names & ages of children who will be attending classes with you:

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) _____

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 / /20

Confirmation posted _____