



Alexis Davison, CPDT-KA
Behavioural Dog Trainer
Scholars in Collars
PO Box 170, Birdwood SA 5234
Tel: 8568 5610
E: alexis@scholarsincollars.com.au

Meeting Manners 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 workshop, please return this form along with your payment. 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 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 had any previous training? Where, when, and what level:

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

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 get over excited when you prepare for a walk? Please describe your dog's behaviour:

Does your dog jump up on you and/or your visitors at home? Please describe your dog's behaviour:

Does your dog lunge and/or bark at other dogs on walks? Please describe your dog's behaviour:

Does your dog rush up to people when you are out on a walk? Please describe your dog's behaviour:

Please make any other comments about your dog's greeting behaviour:

Veterinary surgeon:

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

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 / M Order / Direct Bank Deposit / PayPal

Date / / 20

Confirmation posted _____