



Alexis Davison, CPDT-KA  
Behavioural Dog Trainer  
Scholars in Collars  
PO Box 170  
Birdwood SA 5234  
Tel: 8568 5610  
E: [alexis@scholarsincollars.com.au](mailto:alexis@scholarsincollars.com.au)  
W: [www.scholarsincollars.com.au](http://www.scholarsincollars.com.au)

## Canine Good Citizen Enrolment Form

Please complete the following information so that I can ensure that you can obtain the most benefit from your training. Please return this form along with your payment in the reply paid envelope attached. Thank you.

### Course Details

Commencement Date: \_\_\_\_\_ Time & Location: \_\_\_\_\_

### Owner Details

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 which dog training club your dog attended & the grade 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? \_\_\_\_\_

\_\_\_\_\_

Would you like to undertake the CGC optional assessment\* with your dog?  Yes  No  
\*Additional charges apply

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 _____	