

PAWTENTIAL FAMILY DOG TRAINING

Family Information

Owner/s name/s:.....

Names of other members of the family and their ages:

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Address:.....

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Phone/s:.....

Email:

Dog Information

Dogs name:.....

Breed:..... Sex:..... Desexed? Y N

D.O.B:..... Approx age today:..... Age of dog when acquired:.....

Please describe any medical conditions your dog has

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Which Veterinary Surgery do you attend:.....

Is this where you heard about me? If not, where?

History

Where did you get your dog?

Is this your first dog? Y N , Have you trained a dog in a class before? Y N

Has this dog attended previous training classes? Y N

If yes, where, when and for how long?

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During the age of 3mths to 6mths, how many of the following (approximately) would your dog have come into contact with?

Dogs	10	20	30	40	50	+
People (Adults)	10	20	30	40	50	+
Children	10	20	30	40	50	+

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Home life

Please list any other pets in your home:

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How much time does your dog spend inside.....outside.....

How many hours a day is your dog normally alone?

Where is your dog when alone?

Where does your dog sleep?

How often does your dog get walked?

How often does your dog get off leash play away from home?

Are there any medical conditions in your family I need to be aware of?

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Please list what you expect to achieve from this Training Course.

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Please list any problem behaviour/s you want assistance with while attending classes.

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Course notes, relevant articles and any homework will be emailed to you so please be sure to write your email address clearly.

It would be appreciated if you could notify me of any classes you are unable to attend. This helps when planning the class each week. There will not be any refund for classes missed. I will, however, consider running a catch up class if there are several people who have missed a class.

Please return this form with Payment while waiting for the class to start. Thank you.