

PAWTENTIAL DOG TRAINING AND  
BEHAVIOUR MODIFICATION  
(ABN: 14 965 042 976)

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### PAWTENTIAL ENROLMENT FORM

#### Family Details

Main guardian/s of dog:.....

Other members of the family (include ages of children):.....

.....  
.....

Address:.....

.....

Phone:..... Mobile (for text messaging)..... Telstra: yes // no

Email: .....

#### Dog Details

Name: ..... Breed: .....

Male  Female  Desexed  /// Colour: .....

B'Day..... Approx age today:..... Age of dog when acquired:.....

Please describe any medical conditions your dog has .....

.....

What vaccine is your dog covered by? C7 , C5 , C4 , C3 . When is the next booster due? .....

When was your dog last wormed for intestinal worms and with what product? .....

Comments .....

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Continued...

**History**

Where did you get your dog? .....

Is this your first dog? Y  N  .....

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	+

List any negative experiences your dog may have had in its life.....

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**Home life**

What other pets do you have: .....

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

How many hours per day is your dog without human company? .....

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? .....

How often do you play with your dog? .....

Describe any medical conditions in your family I need to be aware of? .....

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**Training and Behaviour**

Have you trained a dog in a class before? Y  N

Has this dog attended previous training classes? Y  N

If yes, where, and was the method of training correction based (e.g. check chain) or reward based?

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 .....

Has your dog ever bitten a person , child , another dog , other ? Never

List anything that causes your dog to react with fear or anxiety .....

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 .....

What is your dog's favourite treat? .....

What are your dog's favourite toys, games and activities? .....

.....  
 .....

Where does your dog like being touched most? .....

On a score of 1 – 10, with 10 being perfection, place a score next to the following to indicate your dog's level of understanding or comfort:

Physical exam by family	Physical exam by strangers	
Allows family to remove food from mouth	Allows strangers to remove food from mouth	
Relaxed away from home	Relaxed around people	
Relaxed around other dogs	Interest in Play at home	
Interest in Play away from home	Relationship with you	
Relationship with family	Sits to greets visitors	
Comes when called	Sits on request	
Drops on request	Stays or waits until released	
Walks on a loose lead beside you	Agility skills	

What tricks does your dog know .....

.....  
 .....

**Other Stuff!**

What triggered you to enrol in this training course? .....

.....

What area of training, or activity, are you interested in developing in your dog? .....

Rally-O , Agility , General Training , Dancing , Other , .....

What would you like to change most about your dog's behaviour? List three things in order of priority.

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Which Vet Clinic do you attend? .....

Is this where you heard about Pawtential Dog Training? Yes  No

If not, where?.....

Thank you

Course notes, relevant articles and any homework will be emailed to you so please be sure to write your email address clearly. Any class cancellations will be sent via mobile text to those booked in for each week's class so please ensure your mobile number and email address is always current on our records. 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 courses or classes missed. Alternative arrangements will be discussed if unable to complete a course or attend a class.**

Payment can be made by bank transfer to BSB 112-879, A/c 018 017 863, St George Bank. Please put your dogs name and surname as a reference. For Intermediate and Advanced participants attending on a casual basis, payment can be made prior to each class.

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

Lyn Witts