

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

Lyn Witts  
Delta-CGC Obedience Instructor  
Qualified Veterinary Nurse



### PUPPY CLASS ENROLMENT FORM

#### Family Details

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

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

Address:.....

Phone:..... Mobile (for text messaging).....

Email: .....

#### Puppy Details

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

Male  Female  /// Colour: ..... /// B'Day: .....

Please describe any medical conditions your puppy has had or is experiencing .....

Has your puppy had its first vaccination? Y  N  When is the next booster due? .....

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

Comments .....

#### History

Where did you get your puppy? .....

How old was your puppy when you picked it up? .....

Continued...

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

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

.....

During the age of 3mths to 6mths, how many of the following (approximately) do you think your pup will 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 puppy may have had so far .....

.....

.....

.....

**Home life**

What other pets do you have? .....

.....

How much time will your puppy be spending inside.....outside.....as an adult?

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

Where is your puppy when home alone? .....

Where does your puppy sleep? .....

Does your puppy have opportunities to interact with other dogs outside of puppy class? Yes  No

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

.....

Continued...

**Training and Behaviour**

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

.....  
.....

Is your puppy comfortable with being physically examined by everyone in your household? Y  N

Is your puppy comfortable with being physically examined by strangers? Y  N

Is everyone in the household able to take toys and food out of your puppy's mouth? Y  N

Would a stranger be able to take toys and food out of your puppy's mouth? Y  N

Please list any behaviour or training problems concerning you at the moment:

.....  
.....  
.....

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

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

If not, where?.....

Thank you

Course notes, advice and comments 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 classes missed. Alternative arrangements will be discussed if unable to complete the 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. Alternatively, payment is to be made by cheque or cash prior to the commencement of the first class.

Lyn Witts