



YOUR DETAILS

Name

Address

.....

Email

Phone Mobile

Email

Do you have any hearing difficulties? If so- please tell us in confidence so that we can make sure and give you any extra help you may need.

Is this a child handler? We welcome older children to handle the dog (with assistance from an adult as required)

Do you have any other disabilities? We have experience in working with people with learning difficulties, long term health problems, as well as those who are deaf or blind. We offer extra 1-1 help to those who need it most. Your disability should not exclude you from working successfully with your dog!

YOUR DOGS DETAILS

Your dogs name Age Birth month

Breed/Type

Male/Female Neutered

Where did you get your dog (please give full details if local breeder)

At what age?

Do you have another dog at home? If yes – please detail age, sex and type

Do you have children, or do children visit your home (please give approx ages)

What do you feed your dog? (please include how often you feed your dog, and the brands of food you feed)

Why did you choose this breed of dog?

Is this your first dog? Have you done any clicker training before?

Have you taken this dog to any training classes previously?

How often do you exercise your dog? How long do you walk your dog for each time? (in minutes)

Do you let your dog off-lead? What is the longest period of time you have left your dog alone for?

Name of vet

Where did you hear about this course?

We would like to help you sort out any difficulties you may be experiencing with your dog. It is very important that we know as much as possible about your dog to be able to offer the help you need. We would be grateful if you would tick any of the boxes below that are relevant.

Aggressive to people?
Mouth or bite you or others?
Destructive or noisy when left?
Unresponsive to your requests?
Pulls on lead?
Nervous of other dogs?

Aggressive towards other dogs?
Over-excitabile with visitors?
Chase other animals?
Chase/jump at passing vehicles/people etc?
Nervous of people/children?
Afraid of anything else (give details below)

Any other problem (no matter how small!)

What do you want to achieve with your training?

For example: Well behaved and socialised family pet, good level of control at distance, to be able to take part in dog sports (agility, flyball, freestyle), come back when called, walk on a loose lead....

I would like to come to: Day time class Evening Class

Terms & Conditions

Non refundable payment of course fees

Your cheque (for the amount shown in application letter, made payable to T Wood) holds you a **non-refundable** place on the course date detailed in the application pack.

Cancellation of course

If you are unable to attend this course, please call us immediately so that we can make alternative arrangements with you – wherever possible we will try to arrange for you to attend the next course. You have until the date of the Open evening to tell us that you will not be taking up your place. This gives us the opportunity to offer your place to someone else.

Insurance

We carry full insurance as a Dog Training School.

By signing this form, I agree to be bound by the terms and conditions laid out above.

Signed:

Date:

Office Use:

Date received back:

Class:

Confirmation given: