

Name of your dog..... Age of your dog .....

Breed of dog ..... email: .....

Your name ..... Tel no .....

Address: .....

Vet practice.....Where did you hear about my services .....

Does your dog have any physical/medical conditions, if so what .....

Do you have children at home if Yes What ages .....

What diet are you feeding your dog .....

What do expect to gain from this course .....

Is your dog insured? If so with which company .....

How many times a day is your dog exercised and for how long each time? .....

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Please tick any of the below that you may have, puppies normally use their mouths a lot, nipping your hands and clothes, but please tick if your puppy has done it.

- Chewing items
- Aggression toward people/ children / dogs
- Barking
- Anxiety/barking or chewing when left alone
- Toilet training problem
- Fears of anything - please state what
- Hyperactivity
- Noise phobia
- Pulling on lead
- Biting hands/clothing -
- List any other behaviours you would like help with:

Do you have any physical disabilities I would need to know about i.e hearing or sight problems. ....

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Has your dog been to any of the following: Please tick.

Puppy party at a vets	Puppy training group	Dog training classes
One to one training	Seen a behavioural consultant.	

It is strongly advised that you insure your dog for third party liability either with full vet cover or not. I accept responsibility for any behaviour my dog shows at your training classes, one to one lessons or elsewhere. I am responsible for controlling my dog at all times.

Signed ..... Date .....