



Click Positive Dog Training

Application form

Intermediate Course

Your full name. _____

Your address _____

Postcode. _____

Telephone no (Daytime) _____ (Evening) _____

Mobile no _____ Email Address: _____

Dogs name _____

Breed/Type _____

Dog's age _____ Male/Female _____ Neutered or Spayed _____

How long have you had the dog? _____

Do you know the dog's past history? _____

Name and address of your vet _____

Who is in the household? Adults Children (ages) _____

Do you have any other pets? _____

Have you had dogs before? _____

How does your dog behave when groomed? _____

What is your dog's behaviour like with people? _____

What is your dog's behaviour like with other dogs? _____

Where does your dog sleep at night? _____

What is your dog's diet? _____

Is your dog greedy? _____

How many times do you feed your dog a day? _____

Does your dog growl over his food or toys? _____

What is your dog's favourite game? _____

Where are the toys kept? _____

How much exercise does your dog get each day on lead and off lead? _____

Is your garden fenced? _____

Do you have any particular problems with your dog? _____

Where did you hear about this course? _____

Please circle any items you would like to cover during this course:-

Feeding	Jumping up	Digging	Socialising
Handling	Mouthing/biting	Toilet training	With dogs/children
Grooming	Barking	Car behaviour	Control exercises

Thank you: Class sizes are limited – please book early to ensure your place!