



# Click Positive Dog Training

## Application form

### Puppy Training Course

Your full name. \_\_\_\_\_

Your address \_\_\_\_\_

\_\_\_\_\_

Postcode. \_\_\_\_\_

Telephone no (Daytime) \_\_\_\_\_

Telephone no (Evening) \_\_\_\_\_

Mobile no \_\_\_\_\_

Your puppy's name \_\_\_\_\_

Breed/Type \_\_\_\_\_

Your puppy's age at start of course \_\_\_\_\_

How many injections will your puppy have had start of the course? \_\_\_\_\_

Name and address of your vet \_\_\_\_\_

Where did you obtain your puppy? (ie. Breeder/pet shop/rescue centre etc) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Do you have children at home, or do children visit if so what ages? \_\_\_\_\_

\_\_\_\_\_

What do you feed your puppy? \_\_\_\_\_

Are you experiencing any kind of difficulties with your puppy so far? Please describe. \_\_\_\_\_

\_\_\_\_\_

Where did you hear about this course? \_\_\_\_\_

*Thank you: Class sizes are limited - book now to ensure your place!*