

Canine College Membership Form

Full Name	
Address	
Post Code	
Tel Number (daytime)	
Tel Number (evening)	
Email Address	

Dogs Name		Breed	
Age		Sex	
Neutered		If yes, when?	

How long have you owned your dog?	
Does your dog mind strangers?	
Does your dog mind other dogs?	
Does your dog mind being groomed?	

If you haven't owned your dog from a puppy, do you know any of his/her past history?
(i.e. rescue dog etc)

--

How many people are in your household?

Adults		Children	
--------	--	----------	--

Are there any other pets at home? If dogs, please give breed, age and sex?

--

Have you owned a dog before? (If yes give details)

--

Does your dog mind having toys/food taken away from him/her?

--

What do you feed your dog? How often?

--

How much exercise does your dog get? (on or off lead?)

Are you experiencing any particular problems? If yes, please give details

What would you like your dog to do that he/she doesn't currently do?

Where did you hear about this class?

Please tell us about any other services you would like to see offered

I have been provided with, read, understood, and accept the terms and conditions of Canine Gems Behaviour and Training:

Signed	
Print Name	
Date	

Thank you for taking the time to fill out this form. Please note if you have already booked onto our Canine College adult dog training classes the class fee is payable at the beginning of each lesson, cash only please. Please also bring along your dog's vaccination certificate with this form to the first class as proof of full vaccination.

OFFICE USE ONLY:

Vaccination Cert Seen?		Date Vaccinated Until	
------------------------	--	-----------------------	--