

### 4 Week Dog walking Program Registration Form

#### About You

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Ph: \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you on Facebook? Y N

If you have children at home, what ages are they? 0-5  5-10  10-14  >14

Have you attended training with your dog before? If yes, which of the following did you use whilst training your dog?

Choker/check chain..... <input type="checkbox"/>	Standard collar ..... <input type="checkbox"/>
Harness..... <input type="checkbox"/>	Head halter..... <input type="checkbox"/>
Treats/food..... <input type="checkbox"/>	Toys..... <input type="checkbox"/>
Electronic collar..... <input type="checkbox"/>	Citronella collar..... <input type="checkbox"/>

#### About Your Dog

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age when acquired: \_\_\_\_\_

Sex: Male / Female Desexed: Y / N Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Is this your first dog?: Y / N Is this your only dog?: Y / N

If you have other dogs, what breed, age and sex are they?

\_\_\_\_\_

\_\_\_\_\_

Where was your dog acquired from? \_\_\_\_\_

Does your dog have any medical conditions? \_\_\_\_\_

## About Your Dog's Routine

When you're home is your dog: Outside  ..... Inside  ..... Some of both

How many hours a day is your dog normally alone?: \_\_\_\_\_

When your dog is alone, is it: Outside  ..... Inside  ..... Some of both

What is your dog's current diet?

\_\_\_\_\_

\_\_\_\_\_

List 3 challenges you have when walking your dog.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

Please tick each box, which you feel applies to your dog:

Aggressive	<input type="checkbox"/>	Fearful of other dogs	<input type="checkbox"/>
Barks excessively	<input type="checkbox"/>	Dislikes grooming	<input type="checkbox"/>
Chews inappropriate objects	<input type="checkbox"/>	Jumps on people	<input type="checkbox"/>
Destructive	<input type="checkbox"/>	Likes to retrieve	<input type="checkbox"/>
Does not come when called	<input type="checkbox"/>	Likes to chase	<input type="checkbox"/>
Digs excessively	<input type="checkbox"/>	Difficult to toilet train	<input type="checkbox"/>
Anxious when alone	<input type="checkbox"/>	Pushy	<input type="checkbox"/>
Excess energy	<input type="checkbox"/>	Pulls on lead	<input type="checkbox"/>
Likes other dogs	<input type="checkbox"/>	Suffers car sickness	<input type="checkbox"/>
Likes new people	<input type="checkbox"/>	Unruly in car	<input type="checkbox"/>
Suspicious of strangers	<input type="checkbox"/>	Stubborn	<input type="checkbox"/>
Aggressive to other dogs	<input type="checkbox"/>	Plays too rough	<input type="checkbox"/>
Independent	<input type="checkbox"/>	Likes/tolerates children	<input type="checkbox"/>
Inappropriate biting	<input type="checkbox"/>	Attention seeking	<input type="checkbox"/>
Fearful of water /noise /storms	<input type="checkbox"/>	Fussy about food	<input type="checkbox"/>

Where did you hear about It's Not About The Dog!?

Local newspaper / leaflet / friends / local vet / school / other: \_\_\_\_\_

*Continued overleaf*

## Terms & Conditions

I understand and agree to take part in training with It's Not About The Dog! under the following conditions:

1. I shall be responsible for my dog's behaviour whilst training with It's Not About The Dog!
2. I shall indemnify you and/or any third party against any loss, damage or injury against which you and/or any third party might suffer directly or indirectly as a result of my dog or myself attending It's Not About The Dog!
3. Payment and registration form is required 7 days prior to your booking to secure your date and time.
4. Payment is non-refundable unless 7 days notice is given, and a full refund will be given minus \$50 for an administration fee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Date:**

**Time:**

**Cost:**

**Payment by Direct Debit**

Bank: Westpac Morningside

Account Name: Zigrid Phillips

BSB: 034 -058

Account No: 136870