

DOG TRAINING



12 Bentley St
Williamstown North

www.dogtrainingathairyhounds.com.au
0449 541 400

Puppy Client info

Class commencement date:

Owner's name

Telephone number PH: MOB:.....

Address

Email

(this is so that we can forward you your pups photos and keep you informed about classes)

Dog's name: Breed:.....

Sex:..... Has your dog been desexed?:.....

Do you plan on desexing your pet ? Yes / No / Unsure (No I have my dog under breeder's terms)

Dog's Birthday How old was your pup when you got him?

Please tell us how you heard about us - Referred by:.....

Vaccination Certificate sighted YES NO C3 C4 C5 (trainer's use only)

Is this your first dog? YES NO

Do you know the dog's history prior to living with you? Breeder / Pet Shop / Shelter / Friend / Other -

Please specify

Did you particularly choose this breed/type of dog? If yes, why?

.....

How many children live in your household? If applicable, what are their ages?

.....

Do you have any other pets?.....

How much time does your dog spend inside?

Never 10-20% 30-40% 50-60% 70-80% 90-100% Dog Flap

Does your dog enjoy playing with toys? squeaky / chew toys / food dispensing / soft / no

What are you feeding your dog (please include brand) ?.....

Is he/she a good eater or a fussy eater? Good / Fussy

What are your dog's favourite treats?

Does your dog have any medical issues/allergies?

Does your dog: (please circle all that apply)

jump on you mouth / bite you bark at you urinate in the house defecate in the house

bark in the car go off leash go to the park go for walks chew your things

growl at other dogs mount/hump other dogs has never met another dog

What do you hope to gain from this course? Rather than simply saying "an obedient dog", please specify

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.....

Do you give us permission to use your pups photo on our websites? Yes / No

Owners Signature



Onsite Pet Care Services

Christie Reeves –Tate
PO Box 298, Seddon West, 3011
0403 060 716
www.onsitepets.com.au

