



Alexis Davison, CPDT-KA  
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## Basic Training Enrolment Form

Please complete the following information so that I can ensure that you can obtain the most benefit from your training. To enrol in a course, please return this form along with the course fee. Please note that enrolments are on a first in - first served basis and enrolments will not be processed until payment is received. Thank you.

### Course Details

1<sup>st</sup> Preferred Commencement Date: \_\_\_\_\_ Time & Location: \_\_\_\_\_

2<sup>nd</sup> Preferred Commencement Date: \_\_\_\_\_ Time & Location: \_\_\_\_\_

### Owner Details

Name: \_\_\_\_\_  
First Name Surname Preferred name

Partner's Name: \_\_\_\_\_  
First Name Surname Preferred name

Address: \_\_\_\_\_  
Street No. & Name Suburb/Town Postcode

Postal Address (if different from physical address) \_\_\_\_\_

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email \_\_\_\_\_

### Dog's Details

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

Gender:  Male Castrated  Entire   Female  Spayed Entire

Date of birth: (or approximate age if not known) \_\_\_\_\_

Age of dog when acquired: \_\_\_\_\_ Acquired from \_\_\_\_\_

Is this your first dog?  Yes  No

Has your dog had any previous training? If yes, please state when & where.

Any children at home?  Yes  No

Names & ages of children who will be attending class:

Are there any other pets at home?  Yes  No

If yes, please list: \_\_\_\_\_

How much time does your dog spend Inside? : \_\_\_\_\_ Outside? : \_\_\_\_\_

How many hours a day is your dog normally without human company?: \_\_\_\_\_

Where is your dog when s/he is alone? \_\_\_\_\_

Does your dog have any specific behavioural or training problems such as jumping up, running away, pulling on leash etc? Please list as many as you like.

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Has your dog shown any aggression, bitten, or attempted to bite:

Other dogs?  Yes  No  
People?  Yes  No

If yes, please provide details of incident(s) \_\_\_\_\_

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What have you tried previously to prevent or change your dog's behaviour?

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What cues (words or signals) does your dog already respond to reliably?

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What do you hope to achieve from these classes? \_\_\_\_\_

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Does your dog have any medical issues or allergies? If so, please state: \_\_\_\_\_

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Veterinary surgeon: \_\_\_\_\_

In the event of an emergency, contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you hear about these classes? \_\_\_\_\_

**Whilst all due care is taken no responsibility will be accepted for illness, personal injury or property damage to participants or their dogs whilst participating in these classes.**

**I understand that is a requirement of these classes that my dog has a current vaccination certificate (minimum C4). I declare that my dog is currently immunized.**

**Signature of owner:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Office Use Only

Amount Paid \_\_\_\_\_ Cash / Cheque / Money Order / Direct Bank Deposit Date / /20

Confirmation posted \_\_\_\_\_