

APPLICATION FORM (TO BE COMPLETED IN FULL)

OWNER'S PARTICULARS

SURNAME

FIRST NAME(S)

TITLE

NAME OF SPOUSE/ COMPANIONS

ADDRESS

COUNTY/
BOROUGH

POSTCODE

CONTACT TEL. NOS.

HOME

WORK

MOBILE.....

EMERGENCY.....

EMAIL.....

WHERE/WHO EXACTLY DID YOU HEAR ABOUT US FROM?

.....

PLEASE TICK WHICH APPLIES

ACTIVITY HOLIDAY

I would like to arrange an activity holiday for my dog(s)

from (date).....to.....

TRAINING

I would like you to train my dog(s) for a minimum period of 6 weeks (companion course)

Or minimum period of 3 weeks (puppy socialisation course)

from (date).....

CONSULTANCY

I would like to arrange a private lesson for my dog(s) and myself.

I enclose a separate application form for each dog together with the further information and documents requested.

I have read and accept the Terms and Conditions and School Rules.

I confirm that I am the registered owner of this dog.

I give consent for The Dog House Ltd and its employees to use my contact information and the information given as part of this application for the express usage of managing the welfare and training of my dog.

If you would like to withdraw consent of your data held by The Dog House Ltd please email julie@thedoghouseonline.net

Signed :

Dated :

Please do not write in this space

For office use

Dogs name:.....

Sex:.....

Breed:.....

The Dog House

Dogs name.....

Date.....

DOG'S PARTICULARS (TO BE COMPLETED IN FULL)

OWNER'S NAME.....

DOG'S NICKNAME(S).....

BREED/DESCRIPTION..... COLOUR

MALE/FEMALE..... AGE..... DATE OF BIRTH.....

AT WHAT AGE WAS YOUR PUPPY / DOG WHEN HE / SHE CAME TO YOUR HOME?.....

DO YOU HAVE ANY OTHER DOG(S)? IF SO, PLEASE GIVE AGE(S)& BREED(S) & SEX(ES).....

DO YOU HAVE ANY CHILDREN? IF SO, PLEASE GIVE AGES

WHO ARE THE MAIN CARERS OF YOUR DOG?.....

HAS YOUR DOG UNDERGONE ANY PREVIOUS TRAINING? IF SO, WITH WHOM?.....

DO YOU HAVE A DOG WALKER? IF SO, WHO?.....

DO YOU SEND YOUR DOG TO A GROOMER? IF SO, TO WHO?

VET'S NAME **TELEPHONE NUMBER**.....

VET'S ADDRESS

PAST MEDICAL PROBLEMS/CONDITIONS.....

ANY ALLERGIES OR FOOD INTOLERANCES? (PLEASE DETAIL)

MICROCHIP IDENTIFICATION, required by law – ID Number:

Tattoo ID? (If applicable).....

SEXUAL STATUS PLEASE TICK IF APPLICABLE

CASTRATED (Approx age & date)..... SPAYED (Approx age & date).....

LAST HEAT DATE (IF APPLICABLE)

WHAT MAKE OF FOOD DO YOU FEED YOUR DOG, RAW? DRY? CANNED?

..... QUANTITY GRAMS PER DAY

AT WHAT TIME(S) IS YOUR DOG FED ?

AT WHAT TIME OF THE DAY IS YOUR DOGS FIRST OUTING & SUBSEQUENT?AMPM

APPROXIMATELY HOW MUCH OFF LEAD EXERCISE DOES YOUR DOG GET EACH DAY..Hrs.....Mins.....

PLEASE ENCLOSE :- A RECENT PHOTOGRAPH OF YOU AND YOUR DOG

COPIES OF :-

EACH CURRENT VET'S VACCINATION CERTIFICATE (INCLUDING NOBIVAC KC OR INTRAC)

HEALTH AND THIRD PARTY INSURANCE CERTIFICATE (if applicable)

IF THIS FORM IS NOT COMPLETE WE MAY NOT BE ABLE TO ACCEPT YOUR APPLICATION.

The Dog House

Dog's name.....

DOG'S BEHAVIOUR

Date.....

(TO BE COMPLETED IN FULL – THIS IS IN ORDER FOR YOU TO HELP US TO HELP YOU AND YOUR DOG, AS MANY BEHAVIOURS WILL BE DIFFERENT DURING YOUR DOGS TIME WITH US THAN WHEN AT HOME)

COMMUNICATIONS

How does your dog respond to the following requests / cues?

<i>*PLEASE CIRCLE WHICH WORDS YOU USE</i>	IMMEDIATELY	MOSTLY	SOMETIMES	NEVER	<i>PLEASE TICK WHICH APPLY</i>
'Here' or 'Come here' or 'Come' *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Sit'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Stay' or 'Wait' *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Heel'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Bed' or 'Basket' *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Down' or 'Lie Down' *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Fetch' (& return to hand with item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
'Get it' / 'Thank you' to start and stop a game of tug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What other requests / cues does your dog understand?

..... / / /

When your dog is on a short lead where does he/she generally walk ?

LEFT RIGHT EITHER SIDE IN FRONT

What physical praise does your dog enjoy best ? GENTLE CARESSING ROUGH CARESSING

TOP OF THE HEAD BEHIND THE EARS BASE OF THE TAIL BACK OF THE NECK CHEST TUMMY

What is your dog's response to grooming / vet examinations?

What do you do if your dog does not come back to you when called?

What games do you play with your dog ?and how often.....

What is your dog's favourite toy ?

Where exactly are the toys kept ?accessible or locked away.....

Is your dog keen to eat dry dog food or dog treats ?

Where does your dog sleep at night ?

Where does your dog rest during the day ?

(For training course applicants only) Any other activities you would like us to teach and practice? (i.e jogging, riding out, possible gundog).....

BEHAVIOURAL PROBLEMS - LISTED BELOW ARE SOME OF THE MORE COMMON PROBLEMS. PLEASE TICK WHICH APPLY.

(PLEASE GIVE DETAILS AND NUMBER IN ORDER OF PRIORITY THAT YOU WOULD LIKE ISSUES ADDRESSED BY US)

NERVOUSNESS AT LOUD NOISES / OTHER STIMULI (please detail)	<input type="checkbox"/>	BITING	<input type="checkbox"/>	STEALING	<input type="checkbox"/>
BEING DESTRUCTIVE	<input type="checkbox"/>	NIPPING	<input type="checkbox"/>	CHASING (please detail)	<input type="checkbox"/>
PULLING ON THE LEAD	<input type="checkbox"/>	RUNNING AWAY	<input type="checkbox"/>	DIGGING	<input type="checkbox"/>
UNCONTROLLABLE BARKING	<input type="checkbox"/>	JUMPING UP	<input type="checkbox"/>	ATTENTION SEEKING	<input type="checkbox"/>
DEFECATING INSIDE	<input type="checkbox"/>	BARGING THROUGH DOORWAYS	<input type="checkbox"/>	SEXUAL PROBLEMS	<input type="checkbox"/>
URINATING INSIDE	<input type="checkbox"/>	SEPARATION PROBLEMS	<input type="checkbox"/>	TRAVEL SICKNESS	<input type="checkbox"/>

UNSOCIABLE BEHAVIOUR WITH OTHER DOGS/PETS/OTHER ANIMALS (PLEASE LIST) ON THE LEAD OFF THE LEAD

UNSOCIABLE BEHAVIOUR WITH OTHER PEOPLE ON THE LEAD OFF THE LEAD (PLEASE DETAIL)

.....CONT. OVERLEAF

