

The Dog House

APPLICATION FORM

(TO BE COMPLETED IN FULL)

updated 2016

OWNER'S PARTICULARS

SURNAME

FIRST NAME(S)

TITLE

ADDRESS

COUNTY/
BURROUGH

POSTCODE

CONTACT TEL. NOS.

HOME

WORK

MOBILE.....

FAX

EMAIL.....

WHERE/WHO EXACTLY DID YOU HEAR ABOUT US FROM?

.....

Please do not write in this space

For office use

PLEASE TICK WHICH APPLIES

ACTIVITY HOLIDAYS

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.

Signed :

Dated :

The Dog House

DOG'S PARTICULARS (TO BE COMPLETED IN FULL)

OWNER'S NAME.....

DOG'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.....

IDENTIFICATION (Please note: This is compulsory)

Does your dog have a personal identifying **Tattoo** **Microchip**

If so, what is the identification number?

MEDICAL HISTORY PLEASE TICK IF APPLICABLE

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

LAST HEAT DATE (IF APPLICABLE)

WHAT DO YOU FEED YOUR DOG?

..... QUANTITY GRAMS PER DAY

AT WHAT TIME(S) IS YOUR DOG FED ?

AT WHAT TIMES APPROX. IS YOUR DOG TAKEN/LET OUT?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

PHOTOCOPIES 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 AT THE DOG HOUSE THAN AT HOME)

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

**PLEASE CIRCLE WHICH WORDS YOU USE*

IMMEDIATELY

MOSTLY

SOMETIMES

NEVER

PLEASE TICK WHICH APPLY

'Here' or 'Come here' or 'Come' *

'Sit'

'Stay' or 'Wait' *

'Heel'

'Bed' or 'Basket' *

'Down' or 'Lie Down' *

'Fetch' (& return to hand with item)

'Get it' / 'Thank you' to start and stop a game of tug

What other commands / cues does your dog know ?

..... / / /

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

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 ?

Please note down all other activities you would like us to practice (for training course applicants only)

(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

BITING

STEALING

(please list)

BEING DESTRUCTIVE

NIPPING

CHASING (please detail)

PULLING ON THE LEAD

RUNNING AWAY

DIGGING

UNCONTROLLABLE

JUMPING UP

ATTENTION SEEKING

BARKING

DEFECATING INSIDE

BARGING THROUGH DOORWAYS

SEXUAL PROBLEMS

URINATING INSIDE

SEPARATION PROBLEMS

TRAVEL SICKNESS

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

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

.....CONT. OVERLEAF

