

NEW CLIENT FORM

ABOUT YOU

Name:

Full address: & postcode:

Telephone number:

Email:

ABOUT YOUR DOG

Name:

Breed:

Age:

Sex: Male Female

Is your dog neutered? Yes No If yes, at what age?

What food / brand do you feed your dog?

What vet practice is your dog registered at?

Reason for last visit to vet & date?

Current medication / illness?

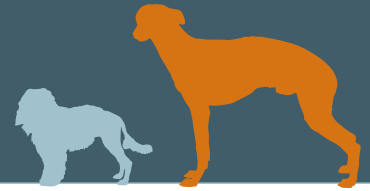
Does your dog have any allergies?

Where was your dog acquired from (breeder/rescue/other)?

At what age is you acquire your dog?

Number of people in your household (adults/children & their ages)?

Other animals in household (age/species/breed)?



TRAINING

Have you undertaken any training, if so where and what methods were used?

YOUR DOG'S BEHAVIOUR

How does your dog react to other people and dogs?

YOUR GOALS

Please list what you are hoping to gain from training and behaviour consultation and what you hope to teach your dog:

PLEASE READ AND SIGN BELOW:

By signing this form, you agree to the following:

- The training you will be shown is motivational reward-based and force free. No aversive measures or harsh treatment will be tolerated and you will be expected to use food and toy rewards.
- Whilst every care is taken, Karen Murphy cannot be held responsible for any loss, damage or injury to persons, property or dogs during training sessions.

Signed: Date:

All fees are payable at the start of the training or behaviour session.
Monies are non-refundable except under extenuating circumstances.