**Trick Training Class Registration Form:**

*Please email completed form to:* *greatandsmalldogtraining@gmail.com* *I will contact you as soon as possible to discuss which classes have spaces available. Level 1 Trick Training 4 week course - £60*

*Level 2 Trick Training 6 week course - £90*

**Owner’s Name:** Click here to enter text. **Dog’s Name:** Click here to enter text.

**Address:** Click here to enter text.

**Postcode:** Click here to enter text. **Phone Number/s:** Click here to enter text.

**Email address:** Click here to enter text. **Preferred contact method:** Choose an item.

**Dog’s Breed:** Click here to enter text. **Dog’s Age:** Click here to enter text.

**Dog’s Sex:** Choose an item.

**Vet Practice used:** Click here to enter text.

**Vet Practice phone number:** Click here to enter text.

*Please note: Due to health and safety reasons, I am only able to accept fully vaccinated dogs into group classes. If your dog is unable to be vaccinated, please contact me so we can discuss how best I can help you.*

**Does your dog have any medical conditions (either prior or existing) that I would need to take into consideration? Please also detail any food allergies.** Click here to enter text.

*Please note that answering YES to any of the following questions does not mean that I will not accept your dog into group classes, this is so I can ensure that I am providing the most suitable, effective and safe training experience possible for your dog, you and other class members. Please be honest and provide as much information as possible.*

**Have you ever previously consulted a behaviourist for any reason?**

Yes[ ] No [ ]

**If YES, please give details, including reason why behaviourist was consulted and advice given:** Click here to enter text.

**Has your dog ever displayed reactive, or aggressive, behaviours towards either people or dogs? – including; barking, growling, lunging, snapping or biting.** Yes[ ] No [ ]

**If YES, please give details:** Click here to enter text.

**Has your dog ever displayed shy, nervous or fearful behaviours towards either people, dogs, or in new environments? – including; barking, cowering, hiding, rolling over or urinating.** Yes[ ] No [ ]

**If YES, please provide details:** Click here to enter text.

**Has your dog received any previous training?** Yes[ ] No [ ]

**If YES, please provide details, including the type of training used:** Click here to enter text.