



Puppy Client info
www.hairyhounds.com.au

Class commencement date:

Dogs Name

Age..... **Breed** **M / F**

Vaccination Certificate sighted YES NO C3 C4 C5 (trainer's use only) **Trainer**

Parent 1Parent 2.....

Children's Names and Ages

MOB: MOB.....

Address.....

Email

(this is so that we can forward you your pups photos and keep you informed about classes)

Dog's Details Dog's Birthday

Has your dog been desexed?:..... Do you plan on desexing your pet ? Yes / No / Unsure (No I have my dog under breeder's terms)

Is this your first dog? YES NO Do you know the dog's history prior to living with you? Breeder / Pet Shop / Shelter / Friend / Other - Please specify

Did you particularly choose this breed/type of dog? If yes, why?

Do you have any other pets?.....

How much time does your dog spend inside? Never 10-20% 30-40% 50-60% 70-80% 90-100%

What are you feeding your dog (please include brand) ?.....

Is he/she a good eater or a fussy eater? Good / Fussy

Does your dog have any medical issues/allergies?

Does your dog: (please circle all that apply)

jump on you mouth / bite you bark at you toilet in the house bark in the car

go off leash go to the park go for walks chew your things growl at other dogs

mount/hump other dogs has never met another dog

What do you hope to gain from this course? Rather than simply saying "an obedient dog", please specify

Please tell us how you heard about us: Your Vet (please advise of clinic) / Google search Hairy Hounds / Word of Mouth / Completed our course before / Other

Do you give us permission to use your pups photo on our websites / facebook ? Yes / No