**WHISTLES AND BELLS DOG TRAINING**

**NEW CLIENT FORM**

**OWNER’S DETAILS:**

|  |  |
| --- | --- |
| Name of Owner: |  |
| Owner’s address: |  |
| Owner’s email: |  |
| Owner’s phone number(s): |  |
| Are there children in the home? Please include age(s) |  |
| Are there any issues that you have that I need to be aware of in our training?  For instance: injury; mobility issues; loss of sight or hearing; trauma; anxiety about or fear of dogs, people or social situations, do you have any specific learning challenges? |  |
| Are you happy to receive information verbally, via email and via WhatsApp? | **Y / N** |
| Are you happy for me to include you on a class WhatsApp group (as applicable)? | **Y / N** |

**DOG’S DETAILS**

|  |  |
| --- | --- |
| Name of Dog: |  |
| Breed of Dog: |  |
| Why did you choose this breed?  Please give as much detail as possible |  |
| What made you choose your particular puppy? |  |
| Age of Dog: |  |
| Gender (M/F) | **F / M** |
| Is this your first dog? | **Y / N** |
| Is the dog neutered? | **Y / N** |
| If yes, at what age? |  |
| Is your dog a rescue/rehomed dog? | **Y / N** |
| If yes, how old was the dog when it came to you? |  |
| How long have you had the dog? |  |
| What food is the dog being fed (Wet, dry, raw)? |  |
| How many meals does your dog get? |  |
| What time(s) is your dog fed? |  |
| Does the dog have any health issues, injuries or allergies?  Please detail: |  |
| How often is your dog walked and for how long? |  |

**OTHER DOGS IN THE HOUSEHOLD**

|  |  |
| --- | --- |
| Are there any other dogs in the household?  Please give brief details – age, breed, gender, whether neutered or not |  |

**PREVIOUS TRAINING**

|  |  |
| --- | --- |
| Have you ever carried out any training with your dog? e.g. Have you attended puppy obedience classes for instance or used the internet for guidance?  The more detail you can give the better. |  |

**WHAT YOU WOULD LIKE YOUR DOG TO LEARN AND/OR UNLEARN WITH TRAINING?**

|  |  |
| --- | --- |
| What are the **top 3** skills would you like your dog to learn in our training sessions?  e.g. Sit, Down, Stay, Heelwork | 1.  2.  3. |
| What 3 **behaviours**, if any, would you like to address with our training?  e.g. not jumping up | 1.  2.  3. |
| Are you happy to use rewards in your training? | **Y / N** |
| What kind of lead and collar do you use with your dog? |  |
| Do you ever use a harness? | **Y / N** |
| Do you ever use a head collar? | **Y / N** |
| What type? |  |

**ANYTHING ELSE YOU THINK I SHOULD KNOW…**

|  |
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|  |

**PLEASE SELECT WHAT YOU WOULD LIKE TO WORK ON:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sit |  | Housetraining |  |
| Down |  | Polite greeting with humans and other dogs |  |
| Wait/Stay |  | Not mouthing |  |
| Recall |  | Not digging |  |
| Loose Lead Walking/ Heelwork |  | Go to bed/mat |  |
| ‘Leave it’ |  | Being handled/groomed |  |
| Not jumping up |  | Being good with other dogs |  |
| Give/Drop |  | Not barking |  |