



Acorn Dog Training Centre
Peacock Lane
Wokingham
Berkshire
RG40 3YZ
Tel: 0118 9793399

Proprietor: Stella Carpenter
Course Trainer: Amy Searle

8 WEEK BEGINNERS AGILITY COURSE APPLICATION FORM

CHOSEN COURSE DATE & TIME:.....

YOUR NAME:

ADDRESS:

.....

TELEPHONE:

DOGS NAME:

BREED/SIZE:

AGE:

SEX:

Has your dog undergone any other formal training before? If so, please give details:

.....
.....

Do you or your dog have any physical problems that may affect training:

.....
.....

If your dog has had any illness or skin disorders in the last 6 months, please state the nature of the problem and the treatment:

.....
.....

Name of vet:

Date of last vaccination:

Please tick if any of the following apply to your dog, so we can plan how to help them in the most appropriate manner...

Is your dog?

Nervous of other dogs?

Aggressive to people?

Noisy when left?

Unresponsive to your requests?

Aggressive towards other dogs?

Over-excitable with visitors?

Nervous of people?

Ever bitten anyone?