

dog daycare, training and grooming centre

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## **CANINE KINDERGARTEN Pet dog training course**

## **OWNERS DETAILS**

NAME:	DATE:
ADDRESS:	
EMAIL:	MOBILE:
PHONE NO:(HM)	WORK NO:
DOGS DETAILS	
DOGS NAME:	BREED:
AGE:	SEX: _M/F
DESEXED_YES/NO	IF YES, AT WHAT AGE:
AGE OF DOG WHEN AQUIRED	
	PET SHOP, SHELTER ETC.)
FAMILY INFORMATION	
IS THIS YOUR FIRST DOG? _YES/NO	
HAVE YOU EVER TRAINED YO _YES/NO	
IF YES WHERE?	
DO VOII HAVE CHILDREN AT	HOME? YES/NO IF YES HOW OLD?

## DO YOU HAVE ANY OTHER PETS AT HOME? IS YOUR DOG INDOORS OR OUTDOORS? \_\_ HOW OFTEN IS YOUR DOG ALONE? 1-4HRS, 4-8HRS, LONGER THAN 8HRS\_\_\_\_\_ HOW OFTEN DO YOU WALK YOUR DOG? DAILY, 1-2 TIMES WEEK, LESS THAN WEEKLY DOES YOUR DOG HAVE ANY BEHAVIOURAL/TRAINING PROBLEMS? \_YES/NO\_ IF YES, LIST THEM: WHAT WOULD YOU LIKE TO ACCOMPLISH COMING TO CANINE KINDERGARTEN TRAINING? Please tick the following behaviour/temperament traits that apply to your dog. ☐ Greedy around the food bowl ☐ Growls or guards the food bowl □ Guards objects or toys □ Playful □ Likes to be touched ☐ Likes playing with other dogs □ Likes to chase □ Pulls on the lead □ Is destructive ☐ Is sensitive to loud noises (list which noise(s)) □ Jumps up on people □ Is very energetic/hyperactive □ Fearful of people □ Fearful of other dogs □ Dislikes grooming □ Attention seeking □ Likes toys/games □ Acts aggressively to other dogs □ Barks excessively □ Is anxious when left alone ☐ Has your dog ever bitten a person or dog? Please list or describe any other problems you would like to discuss. A class situation is not suitable for all dogs, if in doubt please discuss your options with Please tell us where you heard about **Canine Kindergarten**: