



Puppy High Skool Application Form

Please indicate the time and date of the course you are attending.

Time :

Day:

Date:

1)

Owner Information		
	Name	
	Address	
Contact Details	Home	
	Mobile	
	Work	
	Email	

2) How many adults will be attending the class?

3) How many children will be attending the class?

4) What are the ages of the children?

5) How did you hear about Happy Paws?
(Who referred you?)



6)

Pet Information	Name		
	Breed		
	Colour		
	Date of Birth		
	Sex	M	F
	Desexed	Yes	No
	Date of last vaccination		

* In order to provide a healthy environment for all the animals we care for, Happy Paws requires your pet to be fully vaccinated and to have a vaccine certificate as a record of proof provided from your veterinary practice. NO animal will be allowed entry to Happy Paws dog training courses without this document unless we have contacted your veterinary practice to verify vaccination status.

The vaccinations required are Bordetella (Kennel Cough), Distemper, Parvovirus, Leptospirosis, Hepatitis and Parainfluenza.

7) What is the name of your Veterinary Practice, phone number and address?

8)

Where did you buy your pet:	
Age of pet when purchased	
Is this your first dog	Yes No
Do you have any other pets	Yes No
If yes please give details (Breed, Age, Sex)	

9) Have you participated in any previous training classes with your puppy?
If “yes” where and what did you learn?
(Puppy preschool or other training classes)

10) Please mark a (Y) for Yes in the following boxes to indicate your opinion of how well your dog is able to perform the following behaviors.



	Every time	Sometimes	Never
Respond to name			
Sit on request			
Lie down on request			
Go to bed on request			
Happy to be alone			
Chewing objects			
Toilet outside (no accidents in the home)			
Walk on a loose lead (no pulling)			
Sociable with other animals			
Sociable with people (no jumping)			

- 11) What behaviours do you feel you need to help your dog improve?
(No pulling on lead, barking, jumping, digging etc)
- 12) Does your puppy growl when you want to remove food or toys away from them?
- 13) Any other issues you would like to comment about that your dog seems to be struggling with?
(Being left alone, car travel etc)
- 14) What would you like to achieve from this 5 week course?
Please be very specific.
- 15) Do you or your dog have any medical condition that may affect your participation with this 5 week course?



16) Do you or your dog have any allergies to types of food?
(Nuts, seafood etc)

17) Do you or your dog have any other types of allergies?
(Grass etc)

By signing below the client releases Happy Paws Limited and its employees from any and all liability directly or indirectly for injuries to themselves, their dog or damage to any other property of theirs or others which arises in any way out of services provided by Happy Paws Limited.

The Client understands that there are certain risks involved with dog training, but not limited to fights, bites and the transmission of disease.

Training Declaration

- I will only use positive reinforcement methods
- I will practice homework regularly
- I will keep training sessions short and fun
- I will be patient and willing to learn to help my pet succeed

I hereby agree to the above conditions and Happy Paws Limited Fees, Terms and Conditions which will apply to all services provided by Happy Paws Limited to me.

Date	
Name	
Signature	
Happy Paws Name	
Happy Paws Signature	