

# Your Pet Dogs

Training

Long Lane Cottage, Ellesmere Road, Bronington, Whitchurch, SY13 3EY

Phone: 01948 781009 Email: [yourpetdogs@aol.com](mailto:yourpetdogs@aol.com)

[www.yourpetdogs.co.uk](http://www.yourpetdogs.co.uk)



## BEHAVIOUR MODIFICATION ~ REGISTRATION FORM

Name of Owner/Person Training Dog:			
Address:			
Telephone Number:			
Email:			
Dogs Name:		Breed:	
Sex: M / F		Spayed/Neutered:	Age when spayed/neutered:
Age Obtained:		From Where: e.g. Breeder/Rescue/Neighbour?	
Have you trained a dog before: YES / NO		If so, Where?	
Where does your dog sleep at night:			
Where does your dog sleep when you leave the house:			
How long is your dog left alone during the day:			
Do you use a Dog Crate? YES / NO		Do you Allow your dog onto the bed/sofa/chairs? YES / NO	

<p><b>Please list all members of the family stating whether male or female and individual ages</b></p>	What is your dogs likes: (e.g playing ball)
	What is your dogs dislikes:
	Name & Telephone number of your veterinary surgeon:
	Has your dog been treated for any ailments within the last 12 months: YES / NO
	If yes, please explain:
	Is your dog taking any medication: YES/ NO If yes please advise:
	Does your dog suffer from any allergies?

<p>Has there been any recent changes within your homelife: YES / NO</p> <p>If your answer is yes please explain fully:</p>

(2)

Do you have any of the following problems with your dog? (Tick the boxes which refer)	
Reactive to other dogs (please give details)	Cannot be left alone at home
Reactive to people (please give details)	Food Reactive
Barking	Pulling on Lead
Digging	Does not come when called
Chewing/Destructive	Hyperactive
Toilet Training	Fear of Noises
Taking food or toys away from your dog	Grooming

Times fed per day:	Who feeds the dog:
Who exercises the dog:	How Often:

Please State below what you feed your dog including brand names and types of treats given:	

Please explain fully the behaviour problem, which you are experiencing with your dog:

(3)

Do you own other animals ? YES / NO
If you answered yes - please list below TYPE/AGE/HOW LONG OWNED etc.

Please sign below and return as soon as possible. Once your application had been received, I will contact you to book an appointment for a home visit/assessment.

*Thank you*  
*Cheryl Thomas*

**Signed:**.....

**Date:**.....