



Puppy School @ Lucky Pet

Class Commencement Date:

Dogs Name:

Age:

Breed:

Trainer:.....

Sex: Male Female

Dogs birthday:

Vaccination certificate C3 C4 C5 (trainer only)

Parent 1:

Mobile:

Email:

Address:

Parent 2:

Mobile:

Email:

Children's names and ages:

Has your dog been desexed? Yes / No Do you intend on desexing your pet? Yes / No / Unsure

Do you know your dogs history prior to living with you? Breeder / Pet Shop / Shelter / Friend, Please specify name of breeder/shop

Why did you choose this breed?.....

How much time does your pet spend inside? 10 - 25% 25 - 50% 50 -75% 75 - 90% 90 - 100%

Which food are you feeding your pup (please include brand) ?.....

Is he/she a good eater or a fussy eater? Good / Fussy

Does your dog have any medical issues/allergies?.....

Is this your first dog? Yes / No

Do you have other pets?.....

Does your dog: (please circle all that apply)

jump on mouths at hands/clothes or body bark at you toilet in the house

toilet on the bed bark in the car go off leash go to the park chew your things

growls at other dogs mount/hump other dogs or people has never met another dog goes

for walks plays with toys bites your pants urinates when scared or excited

How much exercise does your dog get daily and what type of exercise?

What do you hope to gain from puppy school? Please specify in detail below:

Please tell us how you heard about us;

Your vet / Google search / Lucky Pet / Word of mouth / Completed our course before

Other

Do you give us permission to use your pups photo on our websites / facebook ? Yes / No

Owners Signature:

Whilst all due care is taken no responsibility will be accepted by Loose Lead Pets for illness, personal injury or property damage to participants or their dogs whilst in this class.