



GOOD! GOLLY K9 ACADEMY APPLICATION FORM

Please complete the following information: Owner Details

Owner name:.....Telephone No.....
Address.....Email

Pet Details

Pet's Name:Sex M F Desexed Yes No
Breed.....Colour.....DOB.....
VaccinationRenewal Date.....

Please answer the following questions to help us assess a suitable training program for your dog.

Has your dog had any previous socialisation or training classes? If so, where and when

.....

Does your dog do the following on command? (Please circle your responses)

| | | | | | |
|----------------------|--------|------------|-----------|-----------------|-------|
| Sit | Always | Most times | Sometimes | With assistance | Never |
| Stand | Always | Most times | Sometimes | With assistance | Never |
| Drop | Always | Most times | Sometimes | With assistance | Never |
| Recall | Always | Most times | Sometimes | With assistance | Never |
| Heel | Always | Most times | Sometimes | With assistance | Never |
| Walk without pulling | Always | Most times | Sometimes | With assistance | Never |

How would you describe your dog's personality? Too Outgoing Calm and Friendly Timid Shy

Has your dog ever shown any aggression (including growling or lip curling) towards;

You Other members of the house Other people Other dogs Never

How would you describe your dog on outings?

Too excitable Happy and confident Nervous or fearful in some situations Nervous or fearful in many situations

Please outline what you would like to achieve from this training course and what you would like to be able to do with your dog at the end of your training.

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By signing below I acknowledge that I am aware and accept all risk when attending training at The Good Golly K9 Academy.

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Name Date Signature

Account Payment Details:

Good Golly BSB: 015901 Account: 278799718. EFTPOS is available but will incur a 2% surcharge.

Can't make it to our classes? We can arrange any of our training programs at a time to suit you and your family. See our 'Private Training' page.