Brainy Dogs Current Dog Training Application Form

(Please complete and return to Brainy Dogs Co-ordinator)

Title (Mr/Mrs/Ms) ……………………..

First name …………………………………….. Surname ……………………………………………………………….

Address ………………………………………………………………………………………………………………………………

 ……………………………………………………………………………………………………………………………...

 ……………………………………………………………………………………………………………………………….

Postcode …………………………… phone (home) …………………….. phone (mobile) …………………..

What days would be suitable for the dog to have training (please tick all that apply)

Mon AM 🞏 PM 🞏

Tuesday AM 🞏 PM 🞏

Weds AM 🞏 PM 🞏

Thurs AM 🞏 PM 🞏

Friday AM 🞏 PM 🞏

Dogs name …………………………………………… Dogs breed………………………………………………..

Dogs Age …………………………………. Male female (please circle)

If male has he been neutered (please circle) yes no

How long have you owned him/her ………………………………………………

How many days he/she get exercised (please circle) 1 2 3 4 5 6 7

How long on average is exercise per day(please circle) under ½ hour 1/2hr-1hr 1hr-2hr 2hrs+

Problems you are encountering (please tick as many that apply)

Pulling on lead 🞏 nipping 🞏 boisterous 🞏

Chewing 🞏 nervous(people) 🞏 digging 🞏

Barking 🞏 nervous(dogs) 🞏 Stealing food 🞏

Aggressive(people) 🞏 aggressive(dogs) 🞏 possessive 🞏

General disobedience 🞏

Other (please list all)…………………………………………………………………………………………………………….. .…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..............................................................................................................................................................................................................................................................................................................

What commands does your dog already know (please tick all that apply)

Sit 🞏 Recall 🞏 Leave 🞏

Lie Down 🞏 Wait/stay 🞏 Drop 🞏

Apart from the problems listed earlier is there anything else you would like help training your dog to do. Please list all……………………………………………………………………………………………….. ..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………..

Are you willing to help us monitor the effectiveness of the project by completing questionnaires and assessments on your health and wellbeing whilst part of the project? …………………………

Signed …………………………………………………………………… Date …………………………………………….

Thank you for completing this information.

All details that you have given will remain confidential to Headway Brainy Dogs

**To be completed by office staff only**

Is the dog suitable for training on the scheme yes no

Is the dog suitable to come in to the centre yes no

Date dog assessed by Blue Cross ……………………….

Date dog started training ……………………………..

Days Dog in

Mon AM 🞏 PM 🞏

Tuesday AM 🞏 PM 🞏

Weds AM 🞏 PM 🞏

Thurs AM 🞏 PM 🞏

Friday AM 🞏 PM 🞏

Dog to be trained on……………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………