

# PLAY 'N' LEARN



## Beginner 'CLICKER TRAINING' Class- Application Form

Your full name.....

Your address.....

.....Postcode.....  
...

Tel. No.  
[AM].....[PM].....

E-mail.....

Dog's name.....D.O.B...../...../.....

Breed/Type..... Male  Female Neutered Yes/No

Where did you obtain your dog?.....At what age?.....

Do you have any other dogs at home? If yes, please detail age, sex, and type.

.....  
...

What is your dog's daily diet?.....Meals per day  
One/Two

It is important for us to know as much as possible about your dog, so if you have any specific problems, please indicate below.

Nervous of other dogs

Aggressive to other dogs

Aggressive to people

Over-excitabile with visitors

Destructive or noisy when left

Nervous of people/children

Unresponsive to your requests

Ever bitten anyone

Please state any other problems [no matter how small].

.....  
...

Name and address of your vet.

.....  
...

Where did you hear about us? .....

Please return this form with your cheque made payable to J Wheeler-Smith and send to:

Mrs J Wheeler-Smith  
3 Linnington Avenue  
Chesham  
Bucks  
HP5 1XP

If you wish to pay by Bank Transfer:



Acc Number: 09946771

Sort Code: 07-04-36

Please use Dogs name as ref number.

If you wish to pay by Bank Transfer:



Acc Number: 09946771

Sort Code: 07-04-36

Please Use Dogs Name as Ref Number.