

Application Form



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Thank you for taking the time to complete and return this form.

Personal Details

First Name

Last Name

Email Address

Phone Number

Address

Occupation

What is the best way for us to contact you? (Select as many as you like)

Phone Call

SMS

Email

Facebook Messenger

Dog's Details

Name

Breed

Age

Male

Female

Desexed

Entire

Where did you purchase your dog from?

Age Of Purchase

Dog's History

Purpose of Purchase (Example: Companion, Sports Dog, Guard Dog, Foster Fail)

If not purchased as a puppy, please provide a brief history of your dog (If known)

What previous training have you done with your dog? (Including group classes, puppy classes, private lessons, seminars and so on)

How many other dogs live in the house? (Please specify, sex and age)

How any other animals live in the house? (Please specify sex, age and specie)

How many people live in the house? (Please specify age)

Are these other house members taking part in the responsibility of this pet?

Does your dog have any health issues or injuries? If yes please provide more details below.

Is your dog reactive/aggressive towards people, dogs, other animals, transport or anything else? If yes please provide more details below.

Is your dog fearful or anxious towards people, dogs, other animals, transport, objects, storms, fireworks and anything else? If yes please provide more details below.

Does your dog have a drive for food?

Yes No

Does your dog have a drive for toys?

Yes No

Has your dog ever bitten a human or child?

Yes No

Has your dog ever attacked another dog or animal?

Yes No

Has your dog ever attacked or chased vehicles? Is your dog friendly with other dogs?

Yes No

Yes No

Is your dog friendly with other people?

Yes No

Would you describe your dog as any of the following?

(Nervous/Anxious) (Timid) (Reactive/Aggressive) (Boisterous)

(Sensitive) (Highly Distracted)

Please tick what equipment you use, have used or tried on your dog.

Food	<input type="checkbox"/>	Flat Collar	<input type="checkbox"/>	Standard leash	<input type="checkbox"/>	Long Line	<input type="checkbox"/>	Retractable Lead	<input type="checkbox"/>
Targets	<input type="checkbox"/>	Martingale	<input type="checkbox"/>	Slip Lead	<input type="checkbox"/>	Check/Choke Chain	<input type="checkbox"/>	Standard Harness	<input type="checkbox"/>
Anti-Pull Harness	<input type="checkbox"/>	Head Halti	<input type="checkbox"/>	Pinch/Prong Collar	<input type="checkbox"/>	Bark Collar	<input type="checkbox"/>	Perimeter Collar	<input type="checkbox"/>
Toys	<input type="checkbox"/>	Clicker/Markers	<input type="checkbox"/>	Remote Training Collar/E-collar	<input type="checkbox"/>	Boxes	<input type="checkbox"/>		<input type="checkbox"/>

Please tick how you feed your dog (Select as many as you like)

Standard Bowl	<input type="checkbox"/>	Slow Feeder Bowl	<input type="checkbox"/>	Puzzle/Enrichment Toys	<input type="checkbox"/>	Scatter Feed	<input type="checkbox"/>
By Hand	<input type="checkbox"/>	From a Treat Pouch	<input type="checkbox"/>	Food Dispenser/Automatic Feeder	<input type="checkbox"/>		<input type="checkbox"/>

Please tick how often you feed your dog (Select as many as you like)

Once A Day		Twice A day		Multiple Times Per Day/Small Frequent Meals		Every Second Day/Or Less		Ad-Lib/Food Is Always Available	
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Please tick how your dog is housed (Select as many as you like)

Back yard		In Doors		Crate	
Tie Out Line		Free On Property		Kennel Run/Dog Enclosure	

What activities does your dog find rewarding or fun (Select as many as you like)

Food of all types		Fetch		Running		No activities	
Only certain types of food		Tug of War		Flirt Pole		Other (Please specify)	

Name the top FIVE issues you are having with your dog.

1
2
3
4
5

Name the top FIVE things you would like your dog TO DO or what you would like to ACHIEVE with your dog?

1
2
3
4
5

What does your dog already know/What have you already taught your dog? (Example: Sit, Recall, Door Manners)

Is there anything else you would like to know about your dog?

Why do you want to train your dog?

Does your dog's behavior impact your life? If yes, is it a negative or positive impact? Please provide more detail.

Are you willing to follow through with the instructions given by Motivate Dog Training? Practice the home work given? If you get stuck with a home work task, are you willing to seek help and ask Motivate Dog Training questions?

The dog is only one part of training. We need to ensure that you also understand then theory and practical. This will achieve the best outcome for you and your dog. Tell us, how do YOU learn best? How can we teach YOU effectively?

What expectations do you have of Motivate Dog Training and the training that will be provided?

What service and package would you like?

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How did you find out about Motivate Dog Training?

Facebook Instagram Google Website Internet Ad

Referral:

Family/Friend:

Other:

Why did you decide to contact Motivate Dog Training compared to other Dog Trainers?

I really appreciate you taking the time to fill in and return this form. All information helps to create a picture.

If you are applying for Board & Train, please find below, the appropriate pages to fill in and return, as these have a few extra questions relevant to these services.

If you are ONLY applying for Private Lessons, Home Visits, Puppy Development Program or Basics - Complete Package or any other Group Class, there is no need to fill out the Board & Train Section

BOARD & TRAIN

Do you vaccinate, or titer test your dog every year? Please provide more details below.

Do you use flea treatment and prevention on your dog monthly or 3 monthly? Please Provide more details below.

Is your dog an escape artist? Has your dog repeatedly got out of any of the following – Crates, Kennel Runs, Tie out Lines, Back Yard, Houses, other? If yes, please provide more details below.

Why would you like to do Board & Train over the other services?
