

Helen Taylor, Certificated Clinical Animal Behaviourist (CCAB)

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Class Application Form

Please complete this form (for the first class you attend) and return with the completed booking slip

Name(s) of owner(s) attending: _____

Who lives at home (include ages of children): _____

Email address: _____

Your address: _____

Postcode: _____

Tel Nos – Day: _____ Eve: _____ Mob: _____

Dog's name: _____ Male/Female: _____ Neutered?: _____ Breed/Type: _____

Dog's age at start of course . _____ DOB (if known): _____ Age obtained" _____

Date(s) of vaccinations: _____

NB PLEASE BRING YOUR VACCINATION CARD, OR A PRINTOUT FROM YOUR VET TO FIRST SESSION OR ATTACH A COPY TO THIS FORM. Only conventional vaccines (not homeopathic nosodes) are acceptable.

Which Veterinary practice do you use? _____

Other pets (Please detail variety, age and sex of all other animals): _____

What are you feeding your dog at the moment? _____

Are you experiencing any specific difficulties with your dog? _____

Is this your first dog (since childhood)? _____

How did you hear about the class? _____

Date Form completed: _____

Please note that numbers are kept strictly limited and places allocated on a first come, first served basis, and classes often book up many weeks in advance.



...Helping your best friend to be even better...