

Blackthorn Dog Training

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Beginner Obedience Application Form

Name : _____

Address : _____

_____ Postcode : _____

Email : _____ Tel : (STD _____) _____

Your Dog's Pet Name: _____ Breed : _____ Age : _____

Your Dog's K.C. Registered Name (If Applicable) : _____

Is This The First Dog You Have Owned ? YES / NO

At What Age Did You Acquire Your Dog ? _____ Is He/She From A Rehoming Centre ? YES / NO

Has Your Dog Been Castrated / Neutered ? YES / NO If Yes, At What Age Was This Done _____

Do You Have Other Dogs At Home ? YES / NO If yes, how many _____

What Are Their Age & Gender : _____

How Many Adults Live In Your Household : _____

How Many Children ? _____ What Are Their Ages ? _____

Are You Having Any Particular Problems With Your Dog ? _____

Where Did You Hear About Blackthorn Dog Training (please circle)

- Internet Search Which Site : i.e. Google / Ask Jeeves / Yell.com / Other _____
- Your Veterinary Practice
- Friend
- Other. Please State :