*** Lakeside Dog Behaviour & Training***

Behaviour Consultation Application Form

Owner Name: Address:

Contact number:

Email address: Skype address:

Dogs name: Date of birth: Breed:

Sex: Neutered: Y / N If yes at what age?

Where did you get your dog from?

How old was your dog when it came to live with you?

How long have you had your dog for?

Please describe the main behaviour problem that has lead to you contacting us?

How long has your dog had this problem?

Do you feel this problem is getting better or worse?

What are you hoping to achieve through a behaviour and training programme?

Please list any other behaviour problems that you would like help with?

Please include any further information which you feel is relevant in the space below.

Please return this form by email or to the address below.

Sharon will contact you within 5 days to arrange a Skype or telephone appointment