**Logo

Description automatically generated**

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| Course Name: | | 4 Day Canine Assisted Therapy |
| Month & Date: | |  |
| Humans Details | | |
| Name |  | |
| Phone number |  | |
| Postal Address |  | |
| Email address |  | |
| Profession |  | |
| Knowledge of AAT? |  | |
| Fitness Level  (Moderate fitness level required) |  | |
| Do you Have any pre-existing medical/ physical/ mental health conditions that may impact your ability to complete the course? |  | |
| Dietary Requirements |  | |
| Dogs Details | | |
| Name |  | |
| Breed |  | |
| D.O.B. (approximate) |  | |
| Sex |  | |
| Proof of Vaccination:  Please email copy of certificate with application |  | |
| Any previous training? |  | |
| Does your dog have any behavioural issues? (e.g. jumping up, mouthing). |  | |
| Neck Measurements (centimetres) |  | |
| Goals and Motivations | | |
| What would you like most to achieve at the end of this course? |  | |
| What would you like to specific outcome would you like to achieve with your dog? |  | |
| What commands is your dog already familiar with? |  | |
| What outcomes from this course, do you want for your dog? (e.g. take dog to work, work with clients in AAT space) |  | |

**DIRECT DEPOSIT DETAILS: ACC NAME: KAREN CLARK DICKSON BSB: 112-879 ACC NO. 496730436**