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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**