****

**5/6-Day Course Registration**

**5/6-Day Course (9am-4/4.30pm)**

|  |  |
| --- | --- |
| **Which course date are you registering for:**  |  |
| **Handlers Details** |
| Name |  |
| Phone number |  |
| Email address |  |
| Profession/Volunteer |  |
| Are you already working with an animal? |  |
| Which State do you live in? |  |
| **Dogs Details** |
| Name |  |
| Breed |  |
| D.O.B. (approximate) |  |
| Sex / desexed? |  |
| Are your dogs vaccinations up to date? (we will require proof prior to commencement of course) |  |
| What type of previous training has your dog done, if any? |  |
| Does your dog have any behavioural issues? (e.g. jumping up, mouthing). |  |