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**5/6-Day Course Registration**

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

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| **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). |  | |