Application Form



Gemma Johnston 0435 008 729 gemma@motivatedogtraining.com

Thank you for taking the time to complete and return this form.

Personal Details

First Name	Last Name
Email Address	Phone Number
Address	Suburb
What is the best way for us to contact you	ou? (Select as many as you like)
Phone Call SMS Ema	rail Facebook Messenger

Dog's Details

Name	Breed
Age Male Female Desexe	
Dog's Histor	ry
Purpose of Purchase (Example: Companion, Sports D	og, Guard Dog, Foster Fail)
If not purchased as a puppy, please provide a brief his	story of your dog (If known)
What previous training have you done with your dog? classes, private lessons, seminars and so on)	(Including group classes, puppy
How many other dogs live in the house? (Please spec	sify, sex and age)
How any other animals live in the house? (Please spe	ecify sex, age and specie)

How many	pec	ple live in the hou	se?	(Please specif	y ag	je)			
Are these	othe	r house members	taki	ng part in the r	espo	onsibility of this p	oet?		
Does your	dog	have any health i	ssue	es or injuries? I	f ye:	s please provide	mo	re details belo	ow.
		active/aggressive t ease provide more			gs, d	other animals, tra	ansp	oort or anythin	ıg
		rful or anxious tov ks and anything e							
Please tick	wh	at equipment you	use,	have used or	tried	l on your dog.			
Food		Flat Collar		Standard leash		Long Line		Retractable Lead	

Food	Flat Collar	Standard leash	Long Line	Retractable Lead
Targets	Martingale	Slip Lead	Check/Choke Chain	Standard Harness
Anti-Pull Harness	Head Halti	Pinch/Prong Collar	Bark Collar	Perimeter Collar
Toys	Clicker/Markers	Remote Training Collar/E- collar	Boxes	

Please tick how you feed your dog (Select as many as you like)

Standard	Slow	Puzzle/Enrichment	Scatter	
Bowl	Feeder	Toys	Feed	
	Bowl			
By Hand	From a	Food		
	Treat	Dispenser/Automatic		
	Pouch	Feeder		

Please tick how often you feed your dog (Select as many as you like)

Once	Twice	Multiple	Every	Ad-	
A Day	A day	Times Per	Second	Lib/Food	
		Day/Small	Day/Or	Is	
		Frequent	Less	Always	
		Meals		Available	

Please tick how your dog is housed (Select as many as you like)

Back yard	In Doors	Crate	
Tie Out Line	Free On Property	Kennel Run/Dog Enclosure	

What activities does your dog find rewarding or fun (Select as many as you like)

Food of all types	Fetch	Running	No activities	
Only certain types of food	Tug of War	Flirt Pole	Other (Please specify)	

Name the top FIVE issues you are having with your dog.

1	
2	
3	
4	
5	

Name the top FIVE things you would like your dog NOT to do?
1
2
3
4
5
Name the top FIVE things you would like your dog TO DO or what you would like to ACHIEVE with your dog?
1
2
3
4
5
Is there anything else you would like is to know about your dog?
Why do you want to train your dog?
Does your dog's behavior impact your life? If yes, is it a negative or positive impact? Please provide more detail.

Are you willing to follow through with the instructions given by Motivate Dog Training? Practice the home work given? If you get stuck with a home work task, are you willing to
seek help and ask Motivate Dog Training questions?
How did you find out about Motivate Dog Training?
Facebook Instagram Google Website Internet Ad
Referral:
Family/Friend:
Other:
Other.
Why did you decide to contact Motivate Dog Training compared to other Dog Trainers?
I really appreciate you taking the time to fill in and return this form. All information helps
to create a picture.
If you are applying for Board & Train, Recall Program or Walk & Train. Please find
below, the appropriate pages to fill in and return, as these have a few extra questions relevant to these services.
If you are ONLY applying for Private Lessons or Home Visits, there is no need to fill out

anything below.

BOARD & TRAIN

Do you vaccinate, or titer test your dog every year? Please provide more details below.
Do you use flea treatment and prevention on your dog monthly or 3 monthly? Please Provide more details below.
Is your dog an escape artist? Has your dog repeatedly got out of any of the following – Crates, Kennel Runs, Tie out Lines, Back Yard, Houses, other? If yes, please provide more details below.
Why would you like to do Board & Train over the other services?

Recall Program

Name t	the top FIVE	things that	at distract you	ır dog whe	n you Red	call him/her	(Example: Bird	ls,
Dogs, (Cats, Sheep,	Cars, Pe	ople)					

1
2
3
4
5

Name the top FIVE places you find your dog hard to control, hyper or over aroused (Example: Beach, Park, Daily Walk, Bush trails)

1
2
3
4
5

Name the top FIVE distractions and/or environments where you would like your dog to recall

1	
2	
3	
4	
5	

Walk & Train

Date & Time Preferences

PLEASE NOTE: Walk & Trains may not be able to be booked the same day every week or fortnight. We will arrive to start your dog's Walk & train session in between the allocated times agreed upon by both parties. It is ideal to book your Walk & Train sessions in advance, as days may book out quickly, mainly during summer/spring months.

Summer/Spring Months (Jan, Feb, Sept, Oct, Nov, Dec) Date & Time Preferences (Please

write in preferred times from and to in each day preferred/wanted)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am till	7am till	7am till	7am till	7am till	7am till	7am till
10am	10am	10am	10am	10am	10am	10am
3pm till	3pm till	3pm till 7pm	3pm till	3pm till	3pm till	3pm till
7pm	7pm		7pm	7pm	7pm	7pm

Autumn/Winter Months (March, April, May, Jun, July, Aug) Date & Time Preferences (Please

write in preferred times from and to in each day preferred/wanted)

M	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
78	am till	7am till	7am till 6pm	7am till	7am till	7am till	7am till
6p	om	6pm		6pm	6pm	6pm	6pm

vvny do you would you like to do vvalk & Train over the other services?	