

## Helen Taylor, Certificated Clinical Animal Behaviourist (CCAB)

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### Class Application Form

*Please complete this form and return with the completed booking slip.*

Name(s) including names and ages of children of anyone who may attend: \_\_\_\_\_

Email address: \_\_\_\_\_

Your address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel Nos – Day: \_\_\_\_\_ Eve: \_\_\_\_\_ Mob: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Neutered?: \_\_\_\_\_ Breed/Type: \_\_\_\_\_

Dog's age at start of course . \_\_\_\_\_ DOB (if known): \_\_\_\_\_

Is your dog up to date with all boosters and vaccinations? \_\_\_\_\_  
*NB these MUST be conventional vaccines, not homeopathic nosodes*

Which Veterinary practice do you use? \_\_\_\_\_

Where did you obtain your dog: (eg breeder, rescue)? \_\_\_\_\_ At what age? \_\_\_\_\_

Other pets (Please detail variety, age and sex of all other animals): \_\_\_\_\_

What are you feeding your dog at the moment? \_\_\_\_\_

Are you experiencing any specific difficulties with your dog? \_\_\_\_\_

Is this your first dog? \_\_\_\_\_ How did you hear about the class? \_\_\_\_\_

**Please note that numbers are kept strictly limited and places allocated on a first come, first served basis, and classes often book up many weeks in advance.**



...Helping your best friend to be even better...

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