



Secret Dogs Business

Date of Application _____

COMPANION DOG TRAINING ENQUIRY APPLICATION

IN CONFIDENCE

RECIPIENT DETAILS		
FIRST NAME	FAMILY NAME	
ADDRESS		
TELEPHONE	DOB	EMAIL ADDRESS

FAMILY SUPPORT/CARER NAME		
FIRST NAME	FAMILY NAME	
CARERS RELATIONSHIP OR PROVIDER NAME		
TELEPHONE	EMAIL ADDRESS	

What is the recipients diagnosis, mobility, medical history

What support is available - e.g. care workers etc

Is the support family/workers in a position to undertake day to day care of the dog if required?

Has the intended companion dog participated previously in any dog training?

Briefly describe a typical day of the dog e.g who walks them, feeds them, where they sleep

How do you feel your dog would benefit you when trained to be a companion dog ?

INFORMED CONSENT

Various relevant information is required by us to review your needs and provide the best possible service. Any information provided to you via forms you complete, images or videos taken or personal information discussed is treated by Secret Dogs Business as strictly confidential and will not be shared with any parties without your written consent.

SIGNATURE

Recipient

Date