



# Dances with Dogs

ACT Companion Dog Club

## INFORMATION FORM

Your Details		PLEASE PRINT CLEARLY	
Name			
Address			
	State:	Postcode:	
Contact details	Home Phone:	Mobile:	
	Email:		
List any current Dog Club or Association of which you are a member	1.	4.	
	2.	5.	
	3.	6.	
Are you an Instructor or Judge in any Dog Sports ? (please list)	1.	4.	
	2.	5.	
	3.	6.	
Briefly outline your dog handling experience (such as levels and qualifications attained)			
Your Dog's Details		Please use a separate form for each dog	
Dog's Name			
Dog's Details	Breed:		
	Age:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Vaccinated : <input type="checkbox"/> Yes <input type="checkbox"/> No	Desexed : <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any activities with which your dog has experience			
List any special issue or concern relating to your dog			
DWD Interest			
Please tick any items that may interest you	<input type="checkbox"/> Social & fun	<input type="checkbox"/> Attain ANKC DWD Titles	
	<input type="checkbox"/> Join the Demonstration Team	<input type="checkbox"/> Attend Competitions	
	<input type="checkbox"/> Become a DWD Instructor	<input type="checkbox"/> Become a DWD Judge	
	<input type="checkbox"/> Other:		
Preferred Training nights	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Other:
Preferred Workshop times	<input type="checkbox"/> Saturday AM	<input type="checkbox"/> Saturday PM	<input type="checkbox"/> Sunday AM <input type="checkbox"/> Sunday PM
Please list any other comments, questions or suggestions			