

PAWSITIVE CONNECTION DOG TRAINING

Group Class Registration



First & Last Name: _____ Dog's Name _____
Phone: _____ Dog's Breed _____
Email: _____ Birthday or Age _____
Address: _____ Dog's Sex: Male Female
Is your dog Neutered/Spayed? Yes No

How can we help you?

Are there any behavior problems you would like help with?

How did you hear about us?

Veterinary Clinic: _____

Is your dog microchipped? Yes No

Vaccination Due Dates DA2PP: _____ Rabies: _____ Bordetella: _____ Fecal Test: _____

Is your dog on any medications or have any allergies? If so, please specify

Has your dog displayed any unusual symptoms in the last 30 to 60 days? Yes No

Which side does your dog heel on? Left Right

Does your dog obey basic commands? Yes No

Does your dog pull on leash?

How is your dog motivated? Treats Toys Praise All the Above

I understand and agree that: I am solely responsible for my pet and its behavior. If s/he hurts another person, pet or property, I am solely responsible for paying all costs. There is an inherent risk in training, which I understand and accept. There are dogs of every breed, size, and temperament in the building where we will train and in the training class (if not private). My dog and I could come into contact with contagious disease (animal or human) and, though rare, we could be bitten, attacked or seriously injured. My dog may escape from the building and be lost or injured. Pawsitive Connection Dog Training and it's employees are not liable for any costs or expenses incurred as a result of my or my pet's participation and I will look solely to the Pet Parent of the pet causing injury or damage for compensation. Pawsitive Connection Dog Training reserves the right to refuse or terminate services to any pet at any time.

I understand that for the safety of all pets, proof of current vaccinations and fecal test results must be presented at the first class in order to participate.

SIGNED: _____ DATE: _____

NO REFUNDS OR SUBSTITUTIONS

CLASS TYPE: _____ START DATE & TIME: _____
PAYMENT: CASH CHECK #: _____ CHARGE AMOUNT PAID: _____