



Your Pawsitive Solution For a Happy Pet!

## Private Obedience Training Class Registration

### Owner Information

Owner's Name \_\_\_\_\_

Names of other Adults attending \_\_\_\_\_

Names of Children attending \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Dog Information

Dog's Name \_\_\_\_\_

Breed(s) \_\_\_\_\_

DOB/Age \_\_\_\_\_

Sex: Male Neutered? Yes No Female Spayed? Yes No

Veterinarian \_\_\_\_\_

Date of last vaccine \_\_\_\_\_

Dogs: DHPP \_\_\_\_\_ Bordetella (Kennel Cough) \_\_\_\_\_ Rabies \_\_\_\_\_

At what age was your dog obtained? \_\_\_\_\_ How long have you owned the dog? \_\_\_\_\_

From where/whom? \_\_\_\_\_ (breeder, pet store, shelter, etc.)

Does your dog have physical/medical problems? Y / N Detail \_\_\_\_\_

Is your dog on any medication now? Yes No Detail \_\_\_\_\_

Any Problems? House Training \_\_\_\_\_ Chewing \_\_\_\_\_ Mouthing/Biting \_\_\_\_\_ Jumping \_\_\_\_\_ Digging \_\_\_\_\_  
Barking \_\_\_\_\_ Aggressive towards dogs \_\_\_\_\_ Aggressive towards people \_\_\_\_\_ Shy \_\_\_\_\_

Other problems: \_\_\_\_\_

What would you like to accomplish in this class?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other comments/concerns: \_\_\_\_\_

**Handling: I agree to keep my dog on leash at all times and at least 6 feet away from other dogs.**

**Attendance: The entire family is welcome to attend.** Children under 16 must be accompanied by an adult and young children must be supervised remaining calm, quiet and under control.

**Vaccinations: I will keep my dog current on the required vaccinations and provide proof of such.** Puppies are required to have at least 1 DHLPPC (combo vaccine) by the start of class. Puppies must stay on their veterinarian’s recommended booster schedule receiving their Rabies and Bordetella vaccines in a timely manner. Adult dogs are required to be current on DHLPPC, Bordetella and Rabies prior to attending class.

**Behavior: I understand that overly aggressive dogs cannot participate in the class and I will abide by any of the instructor’s decisions regarding dismissal.** Dogs that are registered for class, but found to be too aggressive to participate will be dismissed and recommended to participate in private sessions.

**Payment: I agree to pay the full amount for the class on or before the first class to Pawsitive Pet Solutions LLC.** Cash or checks are accepted as payment. Checks returned due to non-sufficient funds are subject to a \$25 fee.

**Cancellation: I understand that I need to contact Pawsitive Pet Solutions at least 48 hours prior to the first class to be eligible for a full refund of the class fee.**

**Refunds: I understand that no refunds will be issued after the first class is completed.** If for some reason the student is unable to complete the course, a transfer certificate (valid for one transfer usable for up to 1 year) will be issued for a future class. If a dog is dismissed for behavior, the prorated class fee can be put towards private session costs.

**Release: I agree to indemnify and hold harmless Pawsitive Pet Solutions LLC, its members, employees, agents, instructors and staff members from any and all claims for loss or injury, or liability of any kind should any of these occur to myself, my dog, or my family.**

Please sign below to indicate your understanding and acceptance of the class policies and release:

\_\_\_\_\_  
Owner’s Signature

\_\_\_\_\_  
Date

(Parent must sign for handlers under 18 years of age)

**Completed and signed form must be received by or before the first class.  
Emailed forms are acceptable, please bring signed hard copy to the first class.**

**Pawsitive Pet Solutions Use**

Start Date _____	Paid _____	Attendance	1	2	3	4	5	6
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