

Pawsitive Results Dog Training
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GROUP CLASS REGISTRATION FORM

Remember to sign the waiver on the back of this form! Thank-you.

Mail completed form and payment to address at left

Owner Information

Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Work/Cell#: _____

Email: _____

Who else will be attending class with you? _____

Dog Information

Dog's Name: _____

Breed or Mix: _____

Age: _____ Weight: _____

Sex: Female Male Spayed/Neutered: Yes No

Vet's Name: _____

Vet's Phone: _____

Vaccinations: Dogs must be current on vaccinations per your veterinarian's recommendations. Owners must bring a copy to 1st class!

Puppies must have had 2 rounds of vaccinations or vet's okay to register for class.

How did you hear about Pawsitive Results?

Where did you obtain your dog?

How long have you owned your dog?

Has your dog ever bitten a person? Yes No Unknown

If yes, please describe:

Has your dog ever bitten or gotten into a fight with another dog? Yes No Unknown

If yes, please describe:

How does your dog respond to meeting new dogs? (dogs outside your family)

Loves them, wants to play Excited: barks, jumps, pulls Cautious or shy at first, then warms up Ignores them

Likes some dogs but not others Seems afraid or scared Doesn't like other dogs Don't know

Other: _____

How does your dog respond to meeting strangers?

Loves everyone Cautious or shy at first, then warms up Seems scared or afraid

Okay with some people but not others Can be aggressive with strangers Don't know

Other: _____

Does your dog have any previous training? Yes No

If yes.... Previous group class Professional private training Trained yourself at home

Please check any behaviors your dog is exhibiting:

Jumping on people Excessive barking Destructive behavior Body Handling/Grooming issues

Biting/Aggression Running away Chewing Shyness

Housetraining issues Pulling on leash Other behaviors or concerns: _____

Please circle the class you are enrolling in:

Puppy FUNdamentals // Basic Manners // AKC Canine Good Citizen

visit our website @ www.pawsitiveresults.biz for class dates/times

Class start date: _____

Amount enclosed: _____

(Minimum \$20 non-refundable deposit must accompany registration form to hold your dog's place)

Waiver, Assumption of Risk, and Agreement to Hold Harmless

I understand there are inherent risks associated with training dogs and despite all dogs appearing to be healthy and handled with care, dogs can be unpredictable and the unexpected may occur. I assume full responsibility for myself, my dog(s), and any persons attending class with me.

I agree I will abide by all safety rules and requests from Pawsitive Results. I agree to hold harmless Pawsitive Results, its owner and agents for any damages, losses, or injuries to persons, animals, or property caused by my dog(s). I will accept any and all financial responsibility for any damage to the physical location caused by my dog(s).

I agree that Pawsitive Results shall not be held liable for loss or damage for any reason.

The undersigned also grants Pawsitive Results full permission to use any photographs or videotapes of this event for any purposes.

I understand there are no refunds of fees once class begins.

I have read the above agreement carefully and fully understand this agreement.

Signed: _____
(If dog owner is a minor, a parent or guardian must sign)

Date: _____