



ENROLLMENT FORM: Basic Obedience/Good Manners Class

Your Name _____ Dog's Name _____

Dog's Breed _____ Age _____ (months) Sex M F

Is your dog neutered or spayed? Yes No

Does your dog have any physical limitations/medical problems? Yes No

If yes, please describe: _____

Do you, the parent, have any physical limitations we should allow for in class? Yes No

If yes, please describe: _____

Is your dog on any medication? Yes No What? _____

Your Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____

Your Vet's Name: _____ Phone: _____

Vaccinations Received: Rabies Bordetella within the last 6 months

Dog acquired from: PET SHOP SHELTER BREEDER OTHER _____

Approx % of time dog is: Inside ___% Outside ___% Crated ___% Tied ___%

About how many minutes per day do you:

Walk your dog _____ mins. Play with dog _____ mins. Groom _____ mins.

What do you like best about your dog? _____

Are there any behavioral concerns you have with your dog? _____

Please check anything that applies to your dog:

- | | | | | |
|-----------------------|----------------------------|------------------------------|----------------------|---------|
| ◇ Growls | ◇ Pushy | ◇ Excessive Energy | ◇ Too attached to me | ◇ Shy |
| ◇ Dominate | ◇ Mouthy | ◇ Fearful | ◇ Aggressive | ◇ Bites |
| ◇ Guards food or toys | ◇ Not good with other dogs | ◇ Not good with other people | | |
| ◇ Doesn't listen | ◇ Doesn't come when called | ◇ Runs out open doors | | |

Other: _____

Briefly explain anything you have checked: _____

Class Date and Time Applied for: _____

Please read and sign the following:

Upon acceptance into class, I expressly assume the risk of any damage or injury while attending any training class and while on the training grounds (*Unleashed, LLC* facility or *Pet Supplies Plus* facility). I hereby agree to indemnify and hold harmless *Paws in Training, Inc., Pet Supplies Plus, Unleashed, LLC*, their officers, agents and employees from any and all claims as a result of any action created by any dog, including my own.

I AGREE TO THE TERMS OF THIS WAIVER EFFECTIVE AS OF MY PAID APPLICATION TO ATTEND THE CANINE GOOD MANNERS CLASS.

Signature

Date

2 WAYS TO SUBMIT YOUR APPLICATION & RESERVE YOUR SPACE

1. Email application and current vaccination records to: schedule@pawsintraining.com
2. Mail application along with your payment of \$135.00 made payable to Paws in Training, to 1032 Turner Meadow Drive, Raleigh, NC 27603. If you are mailing, please email or call us first to reserve your space in class.

You will receive a confirmation within 24 hours of emailing your registration form. Mailed forms will be acknowledged upon receipt. If you do not receive confirmation, or if you have questions, please call us at 919-896-2859.