

# Paws in Training

Dog Training & Behavior Specialists

## ENROLLMENT FORM: BASIC OBEDIENCE CLASS

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

Dog's Breed \_\_\_\_\_ Age \_\_\_\_ / months / years Sex  M  F

Is your dog neutered or spayed?  Yes  No

Does your dog have any physical limitations we should allow for in class?  Yes  No

If yes, please describe: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Is your dog taking any medication other than monthly heartworm or flea and tick protection?

Yes  No If yes, what is the name of the medication? \_\_\_\_\_

Your Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_

Vaccinations Received:  Rabies  Bordetella within the last 6 months

Dog acquired from:  Shelter/Rescue  Breeder  Other \_\_\_\_\_

What do you like best about your dog? \_\_\_\_\_

\_\_\_\_\_

Are there any behavioral concerns you have with your dog? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Paws in Training? \_\_\_\_\_

Please check anything that applies to your dog:

Growls at strangers

Growls at unknown dogs

Too attached to me

Mouthy/play biting

Fearful of strangers

Fearful of other dogs

Guards food or toys

Nervous in new environments

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

Briefly explain anything you have checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class date 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 (*Arbor Creek Animal Hospital*). I hereby agree to indemnify and hold harmless *Paws in Training, Inc., Arbor Creek Animal Hospital*, 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 ENROLLMENT TO ATTEND THE BASIC OBEDIENCE CLASS.

\_\_\_\_\_  
Signature Date

## 2 WAYS TO SUBMIT YOUR ENROLLEMT & RESERVE YOUR SPACE

### 1. Electronic:

- a. Email application and current vaccination records to:  
[schedule@pawsintraining.com](mailto:schedule@pawsintraining.com)
- b. Once received, we will contact you to identify your payment preference- credit card payment via Paypal or personal check.

### 2. Mail:

Mail this enrollment form along with a check for \$135.00 made payable to *Paws in Training*, to 1032 Turner Meadow Drive, Raleigh, NC 27603. If you choose the mailing option, please call or email us first to reserve your space in class.

**You will receive a confirmation within 24 hours of emailing your enrollment form.  
Mailed forms will be acknowledged upon receipt.**

**If you do not receive confirmation, or if you have any questions,  
please call us at 919-896-2859.**