



Dog Training and Behavior Counseling  
401-714-5652

## DOG TRAINING CLASS REGISTRATION

Requested Orientation Date: \_\_\_\_\_

DOG'S NAME		BREED(S)	
DOG'S DATE OF BIRTH	AGE AT CLASS	SEX <input type="radio"/> Female <input type="radio"/> Spayed female <input type="radio"/> Male <input type="radio"/> Neutered Male	
OWNER/GUARDIAN NAME		EMAIL ADDRESS	
BEST PHONE NUMBER TO REACH YOU IN CASE OF CLASS CANCELLATION		HOME PHONE	
MAILING ADDRESS		CITY, STATE, ZIP	
WHERE DID YOU OBTAIN THIS DOG? <input type="radio"/> Ad in paper <input type="radio"/> Friend or relative <input type="radio"/> Rumford Pet <input type="radio"/> Other Pet Store _____ <input type="radio"/> Breeder <input type="radio"/> Other _____ <input type="radio"/> Shelter _____ <input type="radio"/> Rescue Agency _____		HOW LONG HAVE YOU HAD THIS DOG?	
HAS THIS DOG EVER BITTEN ANYONE? IF SO, PLEASE DESCRIBE HOW MANY TIMES AND THE CIRCUMSTANCES <input type="radio"/> YES <input type="radio"/> NO			
HOW DOES YOUR DOG REACT TO:		VETERINARY HOSPITAL/CLINIC	
Men? _____ Women? _____ Children? _____			
Strangers? _____ Crowds? _____ Other dogs? _____			
Puppies? _____ Cats? _____			
HOW WOULD YOU DESCRIBE YOUR DOG'S PERSONALITY? (CHECK ALL THAT APPLY)			
<input type="radio"/> Shy <input type="radio"/> Friendly <input type="radio"/> Fearful <input type="radio"/> Confident <input type="radio"/> Aggressive <input type="radio"/> Passive <input type="radio"/> Nervous <input type="radio"/> Calm <input type="radio"/> High Energy <input type="radio"/> Laid back <input type="radio"/> Submissive <input type="radio"/> Indifferent <input type="radio"/> Curious <input type="radio"/> Independent <input type="radio"/> Dependend <input type="radio"/> Quiet <input type="radio"/> Loud <input type="radio"/> Playful			
WHAT WOULD YOU LIKE TO ACCOMPLISH IN CLASS?			
HOW DID YOU LEARN ABOUT OUR CLASS? (I'd like to thank them)			
PLEASE DESCRIBE ANY PHYSICAL CONDITIONS OR RESTRICTIONS THAT YOU OR YOUR DOG HAVE THAT MIGHT INTERFERE WITH TRAINING OR IN ANY WAY LIMIT YOUR PARTICIPATION IN CLASS			

***I have read, understand and have signed (or attached) the Pooch Pawsitive Waiver agreement printed on page two of this document.***

Owner/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** A copy of your dog's current vaccination will be required before you start class.

Vacc. Record enclosed     I'll bring a copy of the records to 1st class

If you can, please register in advance for your free Orientation. Your Orientation enrollment will be confirmed by email, telephone or postal mail. Directions and a list of what you should bring to Orientation will be included.

**MAILING ADDRESS**  
 Pooch Pawsitive  
 P.O. Box 556  
 Saunterstown, RI 02874

Questions? Call Heidi at 401-714-5652

**(PLEASE READ AND SIGN OTHER SIDE)**

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Confirmed by:  Phone     Mail     E-mail     In Person

Payment Received: \_\_\_\_\_

Vacc. Checked \_\_\_\_\_

Orientation Date: \_\_\_\_\_

P or A Basics:    1            2            3

## **Waiver, Assumption of Risk and Hold Harmless Agreement**

I understand that attendance at a dog training class of any kind is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) may be exposed may be difficult to control and may be the cause of injury or illness even when handled with the greatest of care. I agree that I will abide by all safety rules and requests provided by Pooch Pawsitive employees and representatives.

I hereby waive and release Pooch Pawsitive instructors, assistants and volunteers, MetroPet and their staff, from any liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending training sessions or other function, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless Pooch Pawsitive instructors, assistants and volunteers, MetroPet and their staff, from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

## **Pooch Pawsitive Policies**

### **Refund Policy**

Once purchased, punchcards are non-refundable and non-transferable.

### **Returned Checks**

There is a \$ 25 charge for all returned checks.

### **Transferring to Private Lessons**

In order to protect all participants in a class, we reserve the right to decline entry to any dog who presents behavior issues that may be overly dangerous, disruptive or that may be exacerbated by participation in a group class. If behavior issues are discovered during the class, and the trainer determines that it is in everyone's best interest to seek private training, arrangements for private lessons will be made. Class fees may be pro-rated towards private lesson fees. If you decline the offer for private lessons with us, your class fee will be forfeited.

I have read the above Waiver, Assumption of Risk and Hold Harmless Agreement, as well as Pooch Pawsitive Policies, and agree to its terms.

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Signature of Dog Owner or Guardian

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Date