

POSITIVE PUPZ

Creating Well-Mannered Companions Through
Positive Reinforcement Training Programs

CLASS/PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

E-mail _____

Name of Dog _____ Breed _____

Age _____ D.O.B. _____ Male Neutered Female Spayed Rescued? Yes No

Have you and your dog participated in any other training programs? Yes No

If Yes, please explain _____

What are you hoping to achieve by attending this class? _____

Please list any behavioral issues you are currently experiencing with your dog _____

Class/Program you are registering for: _____ Start Date _____

Trainer/Coach: _____

IMPORTANT NOTICE: Aggressive dogs will be dismissed from any training program at the trainer/coaches recommendation. Owners must provide proof of vaccination for Rabies, DHPP and Bordetella. Please send a copy of veterinary record with this registration form. Dogs should also be on a flea preventative and be clear of internal parasites. Once the first class in each session begins, there will be no refund.

PAYMENT METHOD:

(Please do not send cash in the mail.)

Total Enclosed: _____



Check

Bank Card

Expiration Date _____ Security Code _____

Cardholder's Signature _____

PLEASE SEND COMPLETED FORM & PAYMENT TO:

AlleyRatz

737 S. Logan Boulevard
Hollidaysburg, PA 16648
814/317-5152
AlleyRatzDog@aol.com
www.AlleyRatzDog.com

