

# 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:  PUPPY PRESCHOOL  MANNERS  TRICKS  OTHER

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  
videorose@aol.com  
www.AlleyRatzDog.com

