

Just Positive Dog Training

Pet Training Enrollment Form

Class _____

Pet Trainers Name _____

Class Start Date _____

Day of the Week _____

Time: _____

PLEASE PRINT CLEARLY

YOUR NAME _____

Address _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

Dogs Name: _____ Breed _____ Age: _____

Does your pet have health issues the Trainer should now about: Yes _____ No _____

If yes, please explain _____

What behavioral issues would you like to solve? _____

What you need to bring to Class;

Valid Vaccination Records from your Veterinarian (Rabies, Parvovirus, Distemper, Parainfluenza)

6' LEASH

Suitable Collar (No prong, chain or choke collars)

Dress comfortably and appropriate shoes

I understand and agree I am solely responsible for my pet and their behavior. If He/She hurts another person, pet or property, I am solely responsible for paying all costs. Classes consist of every breed, size and temperament and though rare we could be bitten. Just Positive Dog Training and its employees are not responsible or liable for any costs or expenses incurred as a result of the pet parent or pet's participation in classes.

I understand that for the safety of all pets, proof of current vaccinations must be presented at the first class in order to participate.

Pet Parent Signature _____

Date _____