

Fax (207) 439-2689

Pawsitive Steps K9

Pawsitive Training for Humans and their dogs!

(207) 439-2384

COURSE /SEMINAR REQUESTED:

_____ PUPPY KINDERGARTEN _____ BASIC MANNERS _____ ADVANCED

_____ "THERE'S A BABY ON BOARD!" PREPARING YOUR DOG FOR YOUR NEW BABY™ SEMINAR

_____ OTHER _____

LOCATION: ELIOT, ME NEWBURY, MA OTHER _____

CLASS START DATE: _____ DAY _____ TIME _____

NOTE: IN ORDER TO RESERVE A SPOT FOR A COURSE/CLASS/SEMINAR YOUR APPLICATION MUST BE ACCOMPANIED BY A CHECK FOR THE FULL CLASS AMOUNT.

OWNER'S NAME * _____

(*PLEASE PRINT CLEARLY, THIS IS THE NAME WE WILL PUT ON YOUR GRADUATION CERTIFICATE)

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____

CELL _____ EMAIL _____

DOG'S NAME _____ BREED _____

AGE: _____ SEX NEUT. MALE SPAYED FEMALE INTACT MALE INTACT FEMALE

PROOF OF VACCINATION:

PAWSITIVE STEPS REQUIRES ALL DOGS ATTENDING CLASS TO BE VACCINATED FOR DISTEMPER, PARVO, AND DOGS OVER 6 MONTHS OF AGE TO BE VACCINATED FOR RABIES. CLIENTS WHO OPT FOR TITERING VS. YEARLY VACCINATIONS MUST ATTACH CURRENT PROOF OF TITER (TAKEN WITHIN ONE YEAR OF CLASS DATE) AS ACCEPTABLE PROOF OF VACCINATIONS WITH THE EXCEPTION OF RABIES FOR WHICH WE MUST BE PROVIDED WITH PROOF OF VACCINATION.

NAME OF ANIMAL HOSPITAL _____

CITY _____ PHONE _____

DATE OF DISTEMPER _____ PARVO _____

RABIES _____ 1YR 3YR

HOW DID YOU HEAR ABOUT US? _____

WHERE DID YOU GET YOUR DOG? _____

HAVE YOU TRAINED A DOG IN YOUR ADULT LIFE? _____ IF SO WHEN _____

WHERE DID YOU DO YOUR TRAINING? _____

PLEASE CHECK OFF ANY AREAS OF CONCERN:

_____ BARKING _____ HOUSEBREAKING _____ CHEWING _____ JUMPING
_____ NIPPING _____ WALKING ON LEASH _____ NOT COMING WHEN CALLED
_____ GROWLING _____ BITING (MORE THAN NIPPING) _____ BEHAVIOR WHEN IN CAR
_____ CRATING _____ AGGRESSION TOWARDS DOGS _____ AGGRESSION TOWARDS PEOPLE
_____ FEAR OF (CIRCLE) KIDS MEN OTHER DOGS THUNDER LOUD NOISES

WHAT IS YOUR GOAL FOR THIS COURSE/CLASS/SEMINAR _____

HAS YOUR DOG EVER BITTEN ANOTHER DOG OR RECEIVED PUNCTURE WOUNDS FROM ANOTHER DOG?
YES / NO IF YES PLEASE EXPLAIN _____

I HEREBY WAIVE AND RELEASE PAWSITIVE STEPS, IT'S EMPLOYEES, OFFICERS, MEMBERS AND AGENTS FROM ANY AND ALL LIABILITY OF ANY NATURE OR DAMAGE WHICH I OR MY DOG MAY SUFFER, INCLUDING SPECIFICALLY, BUT 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 AT PAWSITIVE STEPS OR SURROUNDING AREA THERETO. IN CONSIDERATION OF AND AS INDUCEMENT TO THE ACCEPTANCE OF MY APPLICATION FOR TRAINING AT PAWSITIVE STEPS I HEREBY AGREE TO IDEMNIFY AND HOLD HARMLESS PAWSITIVE STEPS AND ITS EMPLOYEES, OFFICERS, MEMBERS AND AGENTS FROM ANY AND ALL CLAIMS OR CLAIMS BY ANY MEMBER OF ANY FAMILY OR ANY OTHER PERSONS ACCOMPANYING ME TO PAWSITIVE STEPS OR WHILE ON THE GROUNDS OR THE SURROUNDING AREA THERETO AS A RESULT OF ANY ACTION BY ANY DOGS, INCLUDING MY OWN.

OWNER'S SIGNATURE

DATE

*IN FAIRNESS TO ALL OF OUR CLIENTS, TUITIONS ARE NON-REFUNDABLE UNLESS REQUESTED IN WRITING NO LATER THAN 48 HOURS IN ADVANCE OF CLASS START DATE WITHOUT EXCEPTION.

*A \$20 RETURNED CHECK FEE WILL BE CHARGE D FOR ALL RETURNED CHECKS.

MAIL SIGNED APPLICATION, COPIES OF VACCINATIONS AND A CHECK* TO HOLD YOUR SPOT TO:

PAWSITIVE STEPS
424 HAROLD L. DOW HIGHWAY
ROUTE 236
ELIOT, MAINE 03903
Email: TRAINING@PAWSITIVESTEPSK9.COM

WE LOOK FORWARD TO MEETING YOU AND YOUR DOG!!