

Pawsitive Steps K9
Pawsitive Training for Humans and their dogs!
(207) 619-0438

COURSE /SEMINAR REQUESTED:

_____ PUPPY KINDERGARTEN _____ BASIC MANNERS _____ ADVANCED

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

_____ OTHER _____

LOCATION: WEST NEWBURY, MA THE NATURAL DOG, NBPT (CIRCLE ONE)

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 (SEE PAYMENT DETAILS BELOW).

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.

OTHER IMPORTANT INFORMATION:

- ~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. BY SIGNING BELOW YOU ARE STATING YOU UNDERSTAND THIS POLICY.
- ~A \$20 RETURNED CHECK FEE WILL BE CHARGE D FOR ALL RETURNED CHECKS.
- ~APPLICATIONS RECEIVED WITHOUT PAYMENT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED.

OWNER'S SIGNATURE _____

DATE _____

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

PAWSITIVE STEPS
60 A MARTIN ROAD
KITTERY, MAINE 03904
Email: TRAINING@PAWSITIVESTEPSK9.COM

**WE LOOK FORWARD TO MEETING YOU AND
YOUR DOG!!**

Please make All Checks Payable to:
Becky Pelletier (Lead Instructor)

Other Payment Options:

For Your Convenience, we also accept payments through
PayPal and All Major Credit Cards. Please email for more
information. Please email us for details.