

# Paws to Train

## Class Registration Form

Complete form and mail with a \$30 deposit to Paws to Train, 73 Pickering Rd, Suite 108, Gonic, NH 03839. Write class desired on the bottom of your check and include copy of proof of vaccinations (distemper, parvo, rabies, and kennel cough). If the class you want is not available, we will phone you to discuss an alternative.

### Handler Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you owned a dog before? Y N Breed \_\_\_\_\_

Have you trained a dog before? Y N Type of training \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ Class desired \_\_\_\_\_

### Dog Information

Name of dog \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex F M Neutered or spayed? Y N

What commands does this dog already know? \_\_\_\_\_

Three major problem areas \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about our training center? \_\_\_\_\_

**Waiver:** I understand that there is some assumed risk that may be incurred in dog training, even when the utmost care is taken, and therefore I will hold Paws To Train, fellow classmates, and all associates of the training facility harmless of any injury that may occur during training on the training grounds and immediate surrounding areas. I expressly assume the implied risk and the responsibility for my dog or the dog I am training while attending the training session or any other function of the training organization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Must be 18 or older or have guardian sign.)

### Office use only:

Payments \$ \_\_\_\_\_ Check  Cash  Credit Card

Vaccinations DHLP  Rabies  Kennel Cough