

Pawsitive Steps K9

Pawsitive Training for Humans and their Dogs!

COURSE / SEMINAR REQUESTED: (PLEASE CIRCLE)

PUPPY KINDERGARTEN PUPPY II (W/ AKC STAR PUPPY) FAMILY DOG I FAMILY DOG II
INTERMEDIATE MANNERS I INTERMEDIATE MANNERS II ADVANCED LEVEL I OUT & ABOUT CGC
THERAPY DOG DYNAMIC DUOS FUN & GAMES (WITH AKC TRICKS TITLE) SHY PUP ROCKET RECALL
ATTENTION PLEASE!

OTHER (PLEASE LIST CLASS, CLINIC OR SEMINAR) _____

LOCATION: SEACOAST LUCKY DOG (HAMPTON FALLS) ANN-IMALS (YORK) PAWSITIVE STEPS (SALISBURY)

OTHER LOCATION: _____

CLASS START DATE: _____ DAY _____ TIME _____

OWNER'S NAME _____

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

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

(PLEASE PRINT EMAIL CLEARLY AS EMAIL IS OUR PRIMARY MODE OF COMMUNICATION)

PRIMARY EMAIL _____ ALT EMAIL _____

DOG'S NAME _____ BREED _____

AGE: _____ ACTUAL DOB (IF KNOWN): _____ AGE ACQUIRED: _____

SEX: NEUT. MALE SPAYED FEMALE INTACT MALE INTACT FEMALE

PROOF OF VACCINATIONS: 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. A COPY OF YOUR DOG'S "PROOF OF VACCINATIONS" MUST BE SENT IN WITH YOUR APPLICATION FOR US TO KEEP ON FILE.

NAME OF ANIMAL HOSPITAL _____

CITY _____ PHONE _____

RABIES _____ 1YR OR 3YR? DISTEMPER _____ PARVO _____

KENNEL COUGH _____ CIRCLE TYPE (INTRANASAL OR INJECTION)

OTHER _____

HOW DID YOU HEAR ABOUT US? _____

WHERE DID YOU GET YOUR DOG? _ BREEDER RESCUE SHELTER PRIVATE PLACEMENT

PLEASE PROVIDE THE NAME OF THE ORGANIZATION OR BREEDER/KENNEL NAME AND LOCATION:

HAVE YOU TRAINED A DOG IN YOUR ADULT LIFE? _____ IF SO HOW LONG AGO? _____

WHERE DID YOU DO YOUR TRAINING? _____ INSTRUCTOR _____

PLEASE CHECK OFF ANY AREAS OF CONCERN:

<input type="checkbox"/>	HOUSEBREAKING	<input type="checkbox"/>	LEASH WALKING	<input type="checkbox"/>	NIPPING	<input type="checkbox"/>	AGGRESSION (SEE BELOW)
<input type="checkbox"/>	CHEWING	<input type="checkbox"/>	BARKING	<input type="checkbox"/>	BITING (VS NIPPING)	<input type="checkbox"/>	REACTIVITY (SEE BELOW)
<input type="checkbox"/>	CRATE TRAINING	<input type="checkbox"/>	COME WHEN CALLED	<input type="checkbox"/>	KID/DOG INTERACTIONS	<input type="checkbox"/>	FEARFUL OF STRANGERS
<input type="checkbox"/>	JUMPING	<input type="checkbox"/>	COUNTER SURFING	<input type="checkbox"/>	GROOMING / HANDLING	<input type="checkbox"/>	FEARFUL OF OTHER DOGS

REACTIVE OR AGGRESSIVE DOGS

IF YOUR DOG IS **REACTIVE** OR **AGGRESSIVE TOWARDS OTHER DOGS AND/OR PEOPLE** (MEN, WOMAN OR CHILDREN), THEY ARE NOT APPROPRIATE FOR OUR GROUP CLASSES AT THIS TIME. PLEASE CONTACT US AT CONSULTATIONS@PAWSITIVESTEPS.PET FOR A PRIVATE BEHAVIORAL CONSULTATION SO WE CAN BEGIN ASSISTING YOU THROUGH PRIVATE INSTRUCTION.

IS YOUR DOG FEARFUL OF CHILDREN, MEN, WOMEN, OTHER DOGS? WE SPECIALIZE IN ALL FEAR-BASED BEHAVIORS (INCLUDING REACTIVITY). IN SOME CASES, A “SHY” PUP MAY BE FINE GOING RIGHT INTO A GROUP CLASS. IN OTHER CASES, OUR GROUP CLASSES MIGHT BE TOO MUCH, TOO SOON. WE WANT THE *BEST* POSSIBLE EXPERIENCE FOR YOU AND YOUR DOG. PLEASE EMAIL US A BIT MORE INFORMATION ABOUT YOUR DOG AND WE CAN HELP GUIDE YOU IN DETERMINING IF A GROUP CLASS MAY BE AN APPROPRIATE FOR YOUR DOG AT THIS TIME, OR IF IN OUR PROFESSIONAL OPINION YOUR DOG WOULD BE BEST SERVED WITH SOME PRIVATE INSTRUCTION BEFORE ATTENDING ONE OF OUR GROUP CLASSES.

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 _____

TO RESERVE A SPOT IN CLASS, PLEASE SEND:

- YOUR SIGNED CLASS APPLICATION
- COPIES OF YOUR DOG’S MOST RECENT VACCINATIONS
- CHECK PAYABLE TO BECKY PELLETIER** TO:

Becky Pelletier
PO Box 1232
York Harbor, Maine 03911

OTHER IMPORTANT INFORMATION:

- PAYMENTS ARE REFUNDABLE UP UNTIL 48 HOURS BEFORE CLASS BEGINS, AFTER THAT TUITION IS NON-REFUNDABLE AND NON-TRANSFERABLE.
- A \$30 RETURNED CHECK FEE IS REQUIRED FOR ALL RETURNED CHECKS.
- YOU WILL RECEIVE AN EMAIL CONFIRMATION ONCE WE HAVE RECEIVED AND PROCESSED YOUR APPLICATION

WE LOOK FORWARD TO MEETING YOU AND YOUR DOG!!