

# Paws in Training

Dog Training & Behavior Specialists

## ENROLLMENT FORM: Intermediate Skills for the Advancing Canine Class

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Dog's Breed \_\_\_\_\_ Age \_\_\_\_\_ (years) Sex  M  F

Is your dog neutered or spayed?  Yes  No

Does your dog have any physical limitations/medical problems?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you, the parent, have any physical limitations we should allow for in class?  Yes  No

If yes, please describe: \_\_\_\_\_

Is your dog on any medication?  Yes  No Name of med \_\_\_\_\_

Your Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vaccinations Received:  Rabies  Bordetella within the last 6 months

Dog acquired from:  PET SHOP  SHELTER  BREEDER OTHER \_\_\_\_\_

Approx % of time dog is: Inside \_\_\_% Outside \_\_\_% Crated \_\_\_% Tied \_\_\_%

What do you like best about your dog? \_\_\_\_\_

Are there any behavioral concerns you have with your dog? \_\_\_\_\_

Please check anything that applies to your dog when he's outdoors or out in public:

- Growls or lunges at other dogs
- Doesn't come when called
- Growls or lunges at people
- Doesn't listen outdoors

- ◇ Chases wildlife
- ◇ Pulls hard on leash
- ◇ Lunges or pulls toward moving objects (bikes, joggers, skateboards, etc.)
- ◇ Fearful or shy with strange people or dogs
- ◇ Too friendly with strange people or dogs
- ◇ Doesn't listen when distracted
- ◇ Lack of manners in the car

Other: \_\_\_\_\_  
 \_\_\_\_\_

Briefly explain anything you have checked: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Class Date and Time Applied for: \_\_\_\_\_

Please read and sign the following:

Upon acceptance into class, I expressly assume the risk of any damage or injury while attending any training class and while on any training grounds (*Unleashed, LLC* facility, public parks and other public places, etc.) I hereby agree to indemnify and hold harmless *Paws in Training, Inc., Unleashed, LLC*, their officers, agents and employees from any and all claims as a result of any action created by any dog, including my own.

I AGREE TO THE TERMS OF THIS WAIVER EFFECTIVE AS OF MY PAID APPLICATION TO ATTEND THE INTERMEDIATE SKILLS CLASS.

\_\_\_\_\_  
 Signature Date

**SUBMIT THE ENROLLMENT FORM TO RESERVE YOUR SPACE**

1. Please call us at 919-896-2859 to reserve your space prior to sending application.
2. Complete the enrollment form and attach a current vaccination record.
3. You can email your application and current vaccination record to: [schedule@pawsintraining.com](mailto:schedule@pawsintraining.com) and drop your check in the mail OR mail your application along with a check made payable to Paws in Training in the amount of \$135.00. The mailing address is:

Paws in Training  
 1032 Turner Meadow Drive, Raleigh, NC 27603.

**You will receive a confirmation within 24 hours of emailing your registration form. Mailed forms will be acknowledged upon receipt. If you do not receive confirmation, or if you have questions, please call us at 919-896-2859.**