

# Paws in Training

Dog Training & Behavior Specialists

## ENROLLMENT FORM: Leash Walking Clinic

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

How many times per day is your dog walked? \_\_\_\_\_ Approx how far? \_\_\_\_\_ (miles)

Does the walk tire him out? Yes No

Does the walk tire YOU out? Yes No

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

Please check anything that applies to your dog when he's out walking:

- |  |   |
|--|---|
| <input type="checkbox"/> Growls, pulls or lunges at dogs   | <input type="checkbox"/> Growls, pulls or lunges at strangers |
| <input type="checkbox"/> Moderate pulling on leash   | <input type="checkbox"/> Pulls hard on leash                  |
| <input type="checkbox"/> Resists walking   | <input type="checkbox"/> Sniffs the entire walk               |
| <input type="checkbox"/> Bites at leash  | <input type="checkbox"/> Attempts to carry his own leash      |
| <input type="checkbox"/> Lunges or pulls toward moving objects (bikes, joggers, skateboards, etc.) |   |
| <input type="checkbox"/> Jumps on you or others  | <input type="checkbox"/> Doesn't listen                       |

- ◇ Fearful or shy with strange people or dogs
- ◇ Too friendly with strange people or dogs

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

What type of equipment do you use for walking? Circle all that apply:

<b>Collar Type:</b>	Flat, buckle style	Choke or Prong Collar	Slip Lead
<b>Control Devices:</b>	Harness	Halti or Gentle Leader	Backpack
<b>Leash Type:</b>	Regular Leash	Retractable Leash	

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

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 LEASH WALKING CLINIC.

\_\_\_\_\_  
 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.**