



Registration Form

Train with kindness

Return to: Phyllis@PraiseYourDogTraining.com

Owner's Name: _____

Address: _____

Phone: Home _____ Cell _____

Email Address: _____

Lesson Type *(If applying for Group Classes, dog MUST be completely friendly towards people and other dogs)*
or Consult requested *(check only one)*:

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Manners Group Class | <input type="checkbox"/> Bringing Home Baby to Baby | <input type="checkbox"/> Ouch that Hurts! Jumping/Mouthing |
| <input type="checkbox"/> Advanced Manners | <input type="checkbox"/> Puppy Headstart | <input type="checkbox"/> Obedience Skill Tune Up |
| <input type="checkbox"/> Start Right Puppy group class | <input type="checkbox"/> Behavior Consult (\$30 fee) | <input type="checkbox"/> Houstraining Help |
| <input type="checkbox"/> Basic Manners Private Lessons | <input type="checkbox"/> Come to Me Recall | <input type="checkbox"/> Reactive Rover |
| <input type="checkbox"/> Day Training | | |

Name of Dog: _____

Age of Dog: _____

Breed of Dog: _____

How long have you owned the dog? _____

Names and Ages of Family members: _____

Other dogs in household? _____

If Behavior Consult, what behaviors do you wish to address?

How did you hear about Praise Dog! Training?

- | | | | |
|--|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Pawsitive Results Website | <input type="checkbox"/> Internet | <input type="checkbox"/> Facebook | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Columbia Star Newspaper | <input type="checkbox"/> Veterinarian (Name) _____ | | |
| <input type="checkbox"/> Other _____ | | | |