



Train with kindness

# Registration Form

Return to: [Phyllis@PraiseYourDogTraining.com](mailto: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"/> Puppy Social Hour             | <input type="checkbox"/> Behavior Consult (\$30 fee) | <input type="checkbox"/> Housetraining Help                |
| <input type="checkbox"/> Out on the Town               | <input type="checkbox"/> Come to Me Recall           | <input type="checkbox"/> Reactive Rover                    |
| <input type="checkbox"/> Basic Manners Private Lessons | <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 _____               |  |                                   |                                 |