



Pet Works Pet Care & Training

Class Registration Form

Human Information

Name: _____ Email Address: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Other Phone: _____
Family Members: _____ Age: _____ Age: _____
(please include self) _____ Age: _____ Age: _____
_____ Age: _____ Age: _____

Does anyone in your family have any disabilities we should be aware of?

Canine Information

Dog's Name: _____ Dog's Breed(s): _____
Male or Female: _____ Spayed/Neutered? _____ Age at Class time: _____
Where did you get your dog? _____ Age of the dog when you adopted: _____
1. Circle the word(s) that best describe your dog's personality:
Fearful Shy Aloof Even-Tempered Devoted Confident Active Pushy Aggressive
If you circled "aggressive", please explain _____
2. How does your dog react to other dogs? ignores friendly too playful growls snaps doesn't like
3. How does your dog react to strangers? ignores friendly too playful growls snaps doesn't like
4. Has your dog ever bitten a person or other dog aggressively? Yes No *If you circled "yes", please explain*

5. Does your dog have any physical limitations that may affect his/her training?

6. What do you like best about your dog? _____

Other Information

Have you ever owned a dog before? (Please give details)

Have you ever attended a dog training course before? _____ With this dog? _____
Where? _____ When? _____
What kind of training (*puppy, pet obedience, agility, conformation, etc.*)? _____
Are you using a training crate? _____ Do you have other dogs in the house? _____ Cats? _____
Please state any problems that may have brought you to class _____

Please circle the tasks your dog can do already: sit down come leave-it off walk nicely on leash stay- *how long?* _____

What do you hope to accomplish in this training class? (Please state at least three goals)

- _____
- _____
- _____

Do you have any future goals for your dog (*agility, conformation, tracking, etc.*)? _____

How did you hear about our classes? _____

(Over----->)

Medical Information

Name of Veterinarian: _____ Vet Clinic: _____

When was your dog's last visit? _____ What procedures/tests were done? _____

You MUST show proof of the vaccinations or titers proof of adequate protection listed on this page- your dog will not be admitted to class until proof for all three vaccinations is provided to the instructor. Please mail a copy with your registration form or bring it to the Information Session.

	Date Given	Date Due
DHPP: Distemper, Hepatitis, Parvovirus, Parainfluenza.	_____	_____
Bordetella: Kennel Cough.	_____	_____
Rabies: Proof of vaccination required- titer proof not accepted.	_____	_____

Please make sure your dog is free of parasites and fleas.

Class Registration

Please register for the class of your choice:

- ___ **Steppin' Up Family Dog Obedience** Desired Start Date: _____ \$125
8 classes, to be completed in 6 months from your start date. Held Wednesday and Thursday nights.
For dogs ages 3 months and up. At Amherst Boarding Kennels, 4650 Millersport Hwy, E. Amherst.
- ___ **JumpStart Pre-Agility Obedience** Start Date: _____ Fri__ \$100
8 weekly classes, held on Friday nights at 6:00 pm.
This program is for dogs ages 3 months and up, who have already completed the equivalent of a Level One or Starter obedience class. At the Canine Sports Complex, 356 Hertel Ave, North Buffalo.
- ___ **Starter Agility Class** Start Date: _____ Fri__ \$90
8 weekly classes, held on Friday nights at 7:15 and 8:30 pm.
This program is for dogs who have already completed the JumpStart obedience class.
At the Canine Sports Complex, 356 Hertel Ave, North Buffalo.
- ___ **Other:** _____ \$ _____

Please check if any apply: Past or Current Pet Works Client
 Took the SPCA Classes with Lynn Broderick or Sarah Marren

More Information

- ★ The first night will be an Information Session- **no dogs the first night.**
- ★ **Pre-Registration for JumpStart and Starter Agility is required.**
An RSVP for the Steppin' Up Information Session is strongly suggested.
- ★ **Payment:** For classes at the Canine Sports Complex, please make checks payable to "Positive Pet Training. For all others, please make checks payable to "Pet Works."
- ★ **Please mail registration and payment to:** Pet Works, 242 Linden Avenue, Buffalo NY 14216.
- ★ Your space in class is considered "reserved" upon receipt of payment, in cash, check, or money order.
- ★ For information on our refund policy, please visit our website or call Lynn Broderick.
- ★ **For More Information please call Lynn Reece Broderick at (716) 835-7891,**
Or visit our website at www.PetWorksBuffalo.com.

****If you leave a message, please make sure to speak your name & phone number(s) clearly!**

Please Do Not Write In This Space

Vaccinations Checked _____	Waiver(s) Signed: PW _____ CSC _____
Paid: Check / Cash Amount \$ _____	Date Received _____ Date Submitted _____
Check / Cash Amount \$ _____	Date Received _____ Date Submitted _____
Check / Cash Amount \$ _____	Date Received _____ Date Submitted _____