



# 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)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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
<b>DHPP:</b> Distemper, Hepatitis, Parvovirus, Parainfluenza.	_____	_____
<b>Bordetella:</b> Kennel Cough.	_____	_____
<b>Rabies:</b> 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: \_\_\_\_\_  
Held Wednesday and Thursday nights. For dogs ages 2 months and up.  
At Amherst Boarding Kennels, 4650 Millersport Hwy, E. Amherst.

\_\_\_ **Courteous Canines Family Dog Obedience** Start Date: \_\_\_\_\_ Tues\_\_ Fri\_\_  
8 weekly classes, \$100. For dogs ages 3 months and up.  
At the Canine Sports Complex, 356 Hertel Ave, North Buffalo.

\_\_\_ **JumpStart Pre-Agility Obedience** Start Date: \_\_\_\_\_ Fri\_\_  
8 weekly classes, \$100. At the Canine Sports Complex, 356 Hertel Ave, North Buffalo.  
*This program is for dogs ages 3 months and up, who have already completed the equivalent of a Level One or Starter obedience class.*

\_\_\_ **Starter Agility Class** Start Date: \_\_\_\_\_ Fri\_\_  
8 weekly classes, \$90. At the Canine Sports Complex, 356 Hertel Ave, North Buffalo.  
*This program is for dogs who have already completed the JumpStart obedience class.*

\_\_\_ **Private Obedience:** \_\_\_\_\_

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

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

## More Information

- ★ The first night will be an Information Session- **no dogs the first night.**
- ★ **Pre-Registration for Courteous Canines, JumpStart and Starter Agility is required.**  
An RSVP for the Steppin' Up Information Session is required.
- ★ **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, PO Box 1132, Williamsville NY 14231.
- ★ 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) 565-0089,**  
**Or visit our website at [www.PetWorksBuffalo.com](http://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 _____