



## Four Positive Paws, LLC Dog Group Training Registration Form:

Please print out this form, fill it out, sign it and send it along with copy of vaccination records and payment (Please make your check out to Four Positive Paws, LLC) to:

Four Positive Paws, LLC  
P.O. Box 154  
Greenbelt, MD 20768

Date: \_\_\_\_\_ email address: \_\_\_\_\_

Client's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Address: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_ Pet's DOB: \_\_\_\_\_ weight: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_ neutered/spayed: \_\_\_\_\_

Phone # (please include best time to call)

Day Time: \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Name of veterinarian \_\_\_\_\_ Animal Hospital \_\_\_\_\_

Phone number: \_\_\_\_\_

### Dog's Guardian:

Who will be the dog's handler during class?

How many adults will attend classes \_\_\_\_ How many children \_\_\_\_ Ages of children \_\_\_\_\_

Is handler physically challenged? Y/N If yes, how so?

### Dog's History:

When does your dog bark? (Please be specific as to under what circumstances your dog will bark)

Is your dog friendly towards strange dogs? Y/N Strangers (people?) Y/N

Can you restrain your dog? Y/N Brush your dog? Y/N Clean his ears? Y/N Clip his nails? Y/N

Is your dog protective of his food or toys? Y/N You? Y/N

Has dog ever bitten any person/animal? Y/N (if yes, please provide **Details**)

Has s/he had any prior professional obedience training? Y/N

Goals for training:

Are you committed to training your dog with positive/motivational methods, including food treats?

What is your dog's favorite treat?

Where did you get your dog? (which shelter/rescue, name of breeder or pet store)

Has your dog been recently treated for fleas/ticks?

Is your dog on any medication? Y/N Does your dog have any medical problems? Y/N

Course selected: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

How did you hear about "Four Positive Paws, LLC?"

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I, the undersigned owner/handler (client) of the dog described above do hereby agree that Sabine Hentrich, Four Positive Paws, LLC and all its agents will not be liable for any damage or loss resulting from failure of the dog to respond to any cues or behaviors taught by Four Positive Paws, LLC or resulting from counseling and advice supplied to the owners/handlers of the dog. The dog's behavior now and in the future is solely the responsibility of the owners/handlers (client) of the dog. Should any behavior on the dog's part now or in the future result in damage to the property, owners, or person or property of some third party, owner agrees to assume full responsibility for any and all such damage, and to absolve Sabine Hentrich and Four Positive Paws, LLC and all its agents from any and all obligations to pay such damage to owner/handler or third party. All dogs trained or otherwise handled or cared for by owner/handler receive instruction from Sabine Hentrich and Four Positive Paws without any liability whatsoever against Sabine Hentrich, Four Positive Paws, LLC or any of its agents for loss, damage from disease, death, running away, theft, fire, injury to or from persons, other dogs or property, or by any other causes. All dogs **must** be currently inoculated against **Distemper, Hepatitis, Parvovirus, Parainfluenza, (DHPP combination) Bordatella and Rabies** (for puppies over 16 weeks of age.) Please send a copy of your dog's vaccination records along with this application or bring your records to the first class.

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- **Four Positive Paws, LLC reserves the right to remove any aggressive dog(s) from group training**
- **Dogs whose proof of vaccination we have not seen will be excused**
- **No refunds or transfers will be given for failure to attend or complete the class**
- **There is a \$25 dollar fee for returned checks**
- **Puppy classes are only for pups 10-18 weeks of age!**
- **I understand that the success of the training program is largely dependent upon owner compliance**

*Please remember that your dog does not come to orientation (first class in Basic Manners program) but that your attendance is **mandatory**.*

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Please Print your Name:

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