

PuppyTails Training & TTouch for Animals inc

25 Centennial Rd Unit 14

Orangeville, Ontario

L9W 1R1

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Website: www.puppytails.ca

Phone: Sue Woodworth 519-940-0941

**REGISTRATION FORM FOR CLASSES ( not on line)**

Owner's Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_ Previous Training: N \_\_\_ Y \_\_\_ Level: \_\_\_\_\_

Puppy Pre School

Grade School

High School

(12 – 20 wks old)

(20 wks & older)

(Puppy or Grade req)

\$295.00 hst incl ( 8 wks)

\$295.00 hst included( 8 wks)

\$245.00 hst incl (8wks)

University/Refresher

Scent Detection

\$245.00 hst included ( 8 wks)

\$295.00 + hst included( 8 wks)

- Proof of Vaccination within the last year must be provided before the beginning of the first class. Puppies must have at least 2 sets of vaccinations at least 1 week prior to the start of the first class\*\*
- The first class of the session for Puppy Pre-School and Grade School is without puppies or dogs.
- You will need to purchase a hands free lead and a no pull harness. We will show you at the first class.
- Please bring soft treats ie : Benny Bully, cheese or rollover and a toy or ball for your puppy or dog.

PLEASE MAKE CHEQUE PAYABLE TO : PUPPYTAILS TRAINING inc

THERE ARE NO REFUNDS ONCE THE FIRST CLASS BEGINS

PuppyTails Training & TTouch for Animals inc is not responsible for any damage, loss or injury to the participating student or dog.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use: Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ M/O \_\_\_\_\_

PERSONAL HISTORY: Please answer the following questions so we can get to know you and your dog.

How long have you had your dog? \_\_\_\_\_

How old was your dog when he came to live with you? \_\_\_\_\_

Is your dog house trained? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Were you given any information on obedience training or socialization? N \_\_\_\_\_ Y \_\_\_\_\_

If yes, please check which of the following:

- |                             |                                    |                           |
|-----------------------------|------------------------------------|---------------------------|
| a) crating _____            | b) house training _____            | c) playing _____          |
| d) chew toys _____          | e) socialization _____             | f) sit or down _____      |
| g) heeling _____            | h) come command _____              | i) positive rewards _____ |
| j) praising _____           | k) practice _____                  | l) aggression _____       |
| m) separation anxiety _____ | n) leave it, take it or give _____ |                           |

Is your dog crate trained? \_\_\_\_\_

Is your dog left alone all day? \_\_\_\_\_ How long? \_\_\_\_\_

Has your dog ever bitten another dog or person? \_\_\_\_\_ Is your dog friendly with other dogs? \_\_\_\_\_

Has your dog ever played with another dog? \_\_\_\_\_

Is your dog friendly with adults? \_\_\_\_\_ Children? \_\_\_\_\_ How many children do you have? \_\_\_\_\_

Do you have a safe fenced area for your dog? \_\_\_\_\_

What are your goals that you hope to accomplish in this session?

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