



212 Elm St.
Warren, PA 16365
(814) 726-1961

Basic Dog Training Class

Dear Pet Owner,

Paws Along the River Humane Society is excited to present a **Basic Dog Training** class taught by **Donna Anderson**. It is an **8 week course** held every **Tuesday**. The **first class** will with owners only. **DO NOT BRING YOUR DOG(S)** to this first orientation class. Class will begin at **7:00pm**. Entrance will be the side Walkers Gate at Paws Along the River.

Dogs registered for this course must be **over 16 weeks (4 months) old by the start of class**. They must be up to date on their **Bordetella, Distemper, and Rabies** vaccines prior to class. This is to ensure the health and safety of your dog, as well as the other class participants.

Before you are considered fully registered for the class, you must submit payment of **\$90, registration form, and vaccine records** to our office no later than **4:30pm the Monday before the first class**. Payments can be submitted through our website via the Donate PayPal button, over the phone, by check through the mail, or in person during business hours. Registration forms can also be submitted through our website. Vaccine records can be submitted in person to our office, faxed, emailed, or confirmed by our office over the phone with your veterinarian. (Some veterinarians require the owner's permission to release such records, please check with your vet.) Waivers will be passed out to be signed during the first orientation class.

We hope you and your canine companion enjoy our class!



212 Elm St.
Warren, PA 16365
(814) 726-1961

DOG TRAINING REGISTRATION FORM

Date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dog Information: Breed _____ M / F Age _____

Dog's name _____

Current Rabies Vaccine? Yes No Bordetella? Yes No

Veterinarian _____

Common behavioral issues (please check all that apply to your dog)

- House soils Chews Jumps up Doesn't come
- Fights Barks Pulls on lead Shy
- Digs Aggressive (Provide brief history of behavior. Use back if necessary)

Other problem notes _____

Corrections given to date _____

Age of dog when obtained _____ From _____

Litter behavior _____

House training method _____

Other training _____

Have you attended training classes before? _____ Where _____

Is this dog a house pet? _____ Exercise schedule _____

Goals for class _____

List any medical concerns _____

Dog's Medications _____

Diet _____ Feeding schedule _____

Family data: Adults in household _____ Children in household _____

Occupations _____

Other pets _____ Previous Pets _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Phone number _____ - _____

Signature (Parent or Guardian if under 18) _____ Date _____