



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 **6 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!



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# 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 \_\_\_\_\_