



Owner(s) Name: _____

Home Address _____

Phone Number: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Age: _____

Is your dog up to date on all shots? Yes or No

Date of last Rabies shot: _____ **Please include a copy of rabies record.**

Email Address _____

How did you hear about us? _____

Does your dog get along with other dogs? Yes or No

If no please explain:

How often do you exercise your dog? _____

Please describe one specific behavior you would like to work on in class:

*****If paying by Credit Card:**

Type of Card: Visa _____ or MasterCard _____

Card Number: _____ Exp Date: _____ Security Code: _____

Zip Code of Billing Address: _____

Card Holder's Signature: _____ Date: _____

Please mail to: The Positive Pooch - 220 Balligomingo Road; Gulph Mills, PA 19428