



# Paws-a-tive Training

65 Brook Rd.  
Lancaster, NH 03584  
(603) 788 - 5588

## Check Class Attending

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> 4 Weeks Fun and Games                | <input type="checkbox"/> Agility          | <input type="checkbox"/> Rally O      |
| <input type="checkbox"/> 8 Weeks Basic Dog Obedience          | <input type="checkbox"/> Puppy Play Group | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 6 Weeks Puppy Class (circle I or II) | <input type="checkbox"/> Socialization    | _____                                 |
| <input type="checkbox"/> 6 Weeks Canine Good Citizen          | <input type="checkbox"/> No Jump or Pull  | _____                                 |

Please fill in the **TIME** of the class: \_\_\_\_\_

Please fill in the **DAY AND DATE** of when the class begins: \_\_\_\_\_

**Registration** The first week of class will give us an opportunity to register and onboard. This includes discussing equipment needed, what to expect, and to meet and evaluate each dog by play games using basic obedience commands.

**Fee** Half of class price required as deposit with registration and balance (half) payable on the first night of classes.

**Location** **Paws-a-tive Training**  
65 Brook Rd., Lancaster, NH 03584  
**Phone:** Gail at (603) 788-5588

**For the safety of all our dogs, every dog must have current vaccinations.**

Owner Name: \_\_\_\_\_

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

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

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

## Vaccination Dates

Canine Distemper & Parvo (DA2PL-P): \_\_\_\_\_ Bordetella: \_\_\_\_\_

Rabies: (1 year) \_\_\_\_\_ OR (3 year) \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Flea Preventative Used: \_\_\_\_\_ Date of Last Application: \_\_\_\_\_

**Please enclose this bottom portion with Liability Sheet**