



Registration Form Puppy Kindergarten, Adolescent Dog Class and Basic I Obedience

OWNER'S NAME  
(18 OR OLDER) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_ DOG'S SEX \_\_\_\_\_

I, (PRINT NAME) \_\_\_\_\_ WISH TO ENROLL MY DOG IN

(PLEASE CIRCLE) Puppy Kindergarten (6 weeks/ \$105.00) Start Date \_\_\_\_\_  
Adolescent Dog Class (7weeks/\$120.00) Start Time \_\_\_\_\_  
Basic I Obedience (7weeks/\$120.00)

UNDER THE DIRECTION OF ADVANCES IN ANIMAL BEHAVIOR/KRISTEN PHILLIPS. AS LEGAL OWNER OF MY DOG, HAVING CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT, I DO HEREBY WAIVE AND RELEASE ADVANCES IN ANIMAL BEHAVIOR, KRISTEN PHILLIPS, PAWSITIVELY HEAVEN PET RESORT INC, FROM ANY AND ALL LIABILITY OF ANY NATURE. THIS INCLUDES ANY INJURY, DEATH, SICKNESS OR DAMAGE MY PET MAY SUFFER DURING OR AFTER ANY TRAINING SESSION. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS ADVANCES IN ANIMAL BEHAVIOR, KRISTEN PHILLIPS, AND PAWSITIVELY HEAVEN PET RESORT INC, FROM ANY AND ALL CLAIMS DUE TO ANY DAMAGE MY PET MAY CAUSE TO ANY FAMILY MEMBERS OR ANY THIRD PARTIES DURING OR AFTER TRAINING. I UNDERSTAND THAT I AM RESPONSIBLE FOR MY DOG'S BEHAVIOR.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ABOVE. ENROLL ME!

**SIGNATURE** \_\_\_\_\_

Make Checks or Money Order payable to:

“Advances in Animal Behavior”

and send to:

*Advances in Animal Behavior*

*8800 W. 85<sup>th</sup> Place, Justice, IL 60458*

*Questions: Call Kristen 630-258-2600*

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

How did you hear about this class? *(Please be specific)*

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List in order of importance, the three behaviors that you would most:

Like your dog to learn during training

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Like to teach your dog not to do

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

*Please check current problems:*

- |   |  |                                 |   |
|---|--|---------------------------------|---|
| <input type="checkbox"/> Barks          | <input type="checkbox"/> Bites people      | <input type="checkbox"/> Chews  | <input type="checkbox"/> Jumps on people        |
| <input type="checkbox"/> Housesoils     | <input type="checkbox"/> Fights other dogs | <input type="checkbox"/> Digs   | <input type="checkbox"/> Won't come when called |
| <input type="checkbox"/> Play bites     | <input type="checkbox"/> Guards objects    | <input type="checkbox"/> Shy    | <input type="checkbox"/> Guards food/bowl       |
| <input type="checkbox"/> Pulls on leash |  | <input type="checkbox"/> Guards |   |

What do you like most about your dog?

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I plan to spend \_\_\_\_\_ minutes daily training my dog \_\_\_\_\_ days per week.

Thank you for taking the time to fill out this form so that you and your dog can have an enjoyable class experience. We will notify you via e-mail or telephone to let you know what you need to bring to class. We highly recommend that you inform your veterinarian that you're coming to class and make sure that your dog is up to date on vaccine requirements. We look forward to meeting you.