

Positive Dog Training School Class Enrollment Form

To enroll in a class please print, fill out, and mail this form to:

Positive Dog Training School
20612 NE Woodinville-Duvall Road
Woodinville, Wa 98077-7746

Class Name	Start Date	Start Time	Day

Owner Information:

Owner / Handler Name: _____
Address: _____
Day / Evening Phone: _____
Email: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Dog Information

Dog Name: _____
Breed: _____
Sex: _____ Age: _____
Spayed / Neutered? _____

Questions

Any prior training? Where? _____
How did you hear about us? _____
How did you find our website? _____
Any special problems with your dog? _____

Waiver (Required)

I release Positive Dog Training School, Joan Fetty, and other Staff from all liability for damages or injuries of any nature that may arise in connection with dog training classes.

Owner _____ Date: _____
Handler (If different) _____ Date: _____