Training Class Enrollment Form

Complete and mail to:
Positive Way Dog Training
P.O. Box 510175
Livonia, MI 48151

Make checks payable to: Positive Way

Owners Name:			
Address:		City	Zipcode
Home Phone Number:		Cell number:	
E-mail:			
Dogs Name:	Breed		Age
Sex: Spa	yed/Neutered: Yes/ No		
Class Selection (inc	<u>lude date)</u> :		
Polite Puppy	Basic Manners	Basic 2	
Street Smarts	Clicks for Tricks	Other	
How did you hear a	about our classes?		
What types of colla	rs/leashes do you currently	use?	
What books/videos	television shows and other	resources have you	ı referred to in order to educate
yourself about dogs	s and dog training?		
myself, members of	of my family, guests or my	dog, because som	ng class is not without risk to ne dogs to which we may be ury, even when handled with the
involved with trair Positive Way Dog	ning sessions or activities	given by Positive Vofficers, members,	from injuries received while Way Dog Training and release trainers and agents from any lests or dog may suffer.
Signature		Da	te:
fill out registration You will receive of including DHLPF class or send a con Manners class is of	on and return with paym confirmation via e-mail o P, Rabies (if old enough), py along with this registr prientation for owners or	first paid basis. To ent at least <u>5 days</u> or telephone. Pleas Bordetella & neg ration form. First nly- NO DOGS.	o reserve a spot in class, please prior to the start date of class. se bring proof of vaccinations gative fecal check to first night of night of Polite Puppy and Basic
NO	REFUNDS AFTER	THE FIRST NIC	GHT OF CLASS.
For office use only: Amount Paid	Payment Method		