



Basic Obedience Registration Form
Start date: Tuesday, October 17, 2017
6:15 pm

Handler's name: _____ Date: _____

Street address: _____ City: _____ Zip code: _____

Home phone: _____ Cell: _____ Email: _____

Dog's name: _____ Dog's age: _____ Breed: _____ M/F: _____

Spayed or Neutered: YES NO Age of dog when acquired: _____

Dog's origin: (circle one) Shelter/Rescue Professional Breeder
Amateur Breeder Pet Store Farm

History of Aggression ➡ Growling/snarling: YES NO
➡ Bite: YES NO
➡ If ➡ Yes Toward human: _____ toward another dog: _____

Please explain in detail:

Describe your dog's demeanor when with other dogs: _____

*** INCENTIVE FOR SEEKING TRAINING AT THIS TIME ***

Previous training: Yes No If yes, location: _____

I heard about Keystone Dog Training through:

Shelter Veterinarian Word of mouth Internet

**PROOF OF VACCINATIONS MUST BE INCLUDED
IN REGISTRATION PROCESS**

The minimum inoculations required are:

- Rabies
- DH(L)PP
- Bordetella (kennel cough)

Registering will reserve a place in class for you and your dog.
Class size is limited and they fill quickly. *Enrollment fee is non-refundable.*
Please make sure of your commitment before you make your payment.

Please mail the following by **October 13, 2017**

- Registration form
- Liability form
- Payment in full (check or money order)
- Current vaccination record

To mailing address:

**Mary Smallwood
Keystone Dog Training
641 Potts Hill Rd
Lewisberry, PA 17339**

*Please contact Mary Smallwood to let her know you plan to enroll in the
Basic Obedience class.*

Email: halle4@comcast.net

Phone: (717) 268-1866

We look forward to working with you!