



Basic Obedience Registration Form
Start date: Wednesday, May 8, 2024
6:15 – 7:30 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
WITH REGISTRATION**

Minimum inoculations required are:

- Rabies
- DH(L)PP

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 May 3, 2024

- Registration form
- Liability form
- Current vaccine record
- Payment in full of 200.00 (check or money order)

To mailing address:

**Keystone Dog Training
P.O. Box 49
Lewisberry, PA 17339**

***Please contact Mary Smallwood before mailing
to assure space is available.***

***Email: keystonedogtraining@comcast.net
Phone/text: (717) 542-3427***

We look forward to working with you!