



**Basic Obedience Registration Form**  
**Start date: Tuesday, November 12, 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 November 7, 2024**

- Registration form
- Liability form
- Current vaccine record
- Payment in full of 210.00 (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: kestonedogtrain@gmail.com  
Phone/text: (717) 542-3427***

We look forward to working with you!