## (206) 799-0521

## www.PawsitiveStepsSeattle.com

		'	(200) 177	-0321		V	www.i awsii	restepssec	ittle.com		
Guardian's Name	:				Dog's	Name:					
Home Phone:					Breed	<u>:</u>					
Cell Phone					Age:		Sex:				
Work Phone:					Spay/	Neutered?	Yes	No			
Address:					Veteri	narian:	Dr.				
City/State/Zip:					Clinic	:					
Email Address:					Vet Pl	none:					
Best contact in en	nergency?	1		Text OK?							
Private Consultation Initial Consult 1: Follow						v up 2: Follow Up 3:					
Follow Up 4:		Follo	w Up 5:			Other	:				
EQUIPMENT: Dogs must arrive to classes and appointments on a leash. You will need a regular six-foot leash; retractable ("flexi") leashes and chain leashes are not permitted. Chain, prong/pinch and slip collars and electronic collars are not permitted; appropriate alternatives will be discussed with you. Prepare at least 2- 3 cups of a variety of soft treats cut into pea size pieces for each session. Please "potty" your dog and be ready to go at the beginning of each session.											
PAYMENT: Payment is due prior to the start of training. Group classes are filled on a first-come, first-served basis. Private consultations and training sessions' fees are due at the time of service. All training packages (multiple training sessions and day training services) are sold in increments of time, not by the number of appointments and must be paid in advance and used up within one year of purchase. No refunds will be given for unused training sessions or time. Sessions are not transferable to another party. Payment for group classes are non-refundable within seven (7) days prior to the commencement of class, however you may transfer to another class within one year by notifying us prior to the start of class. Dogs deemed inappropriate for group class may be removed from class at the sole discretion of Instructor and will be given a single one-hour private session in lieu of group class.											
SHOTS: all dogs and and be current on ap			s check by a	licensed veter	rinarian	orior to worki	ng away from	the home, ha	ave a clear fec	al exam	
with Pawsitive : Missy's Rescue, and indemnify i property of any Gayle Ballinger.	nild attend eps Dog Ti nd hold Pa steps Dog Rosehill Co t against, a person at	ance and participraining. As a con wsitive Steps Dog Training, as well ommunity Center and assume all risany time at any l	pation. I here adition of enright of the class the class r/City of Musik on account location, dur	eby apply for rollment, I agr .C it's Instructo locations inclukilteo and all tof loss, daming the course	enrollmeree and cors, Assist uding bu other facage, or is of or as	ent in dog trair ertify: ants, Contract t not limited to cilities or locati njury to person a result of trai	ning classes/pri ors and Volunt o Bow Wow I ons (public an ns, including m	vate consulta eers or any o Fun Towne, A d private), fra inors and gu	tion behavior ther person ass Animal Talk Pe ee and harmle ests, dogs, anii	training sociated et Shop, ess from, mals, or	
<ul> <li>That I am at least 18 years of age and competent to sign a legally binding agreement.</li> <li>That my dog is current on vaccinations, has recently seen a licensed Veterinarian and passed a clear fecal exam.</li> <li>I will devote a minimum of thirty minutes per day practicing out-of-class homework and obedience training with my dog.</li> <li>I will be mindful of my dog's whereabouts and others near him/her for the safety of everyone involved at all times while training.</li> <li>I will not use an electronic, slip, pinch or prong collar on my dog and will focus on positive reinforcement of my dog's good behavior.</li> <li>Pawsitive Steps Dog Training, LLC may contact my veterinarian to discuss my dogs' health, behavior and training needs and concerns.</li> </ul>											
ARBITRATION: Any arbitration in Snoho American Arbitratior the party substantiall	mish Cour Associatio	nty, Washington, on. All decisions	on the required	uest of any pa I and binding.	arty, and Any dis	shall comply pute between	with and be the parties, w	governed by nether or not	the provisions resulting in lit	s of the	
I have read, understar Signature	e to the above.			Date							
☐Please check here	if you do	not want to re	ceive our in	formative nev	wsletter	otherwise vo		atically be su	bscribed.		
	. ,	1		1			ustoni	, 50 30			
Service	\$	Retail	\$	Other:		\$	Total	\$	#		

Special Orders



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Referred by

Adopted From Age Acquired Goals (Therapy dog, Agility, Family Pet, etc.) Why Vaccine? Flea/HW? Health? Meds? Allergies? Food & Schedule Free Fed? Yes No Change? Fast Eater? Fed on Schedule? Type of Exercise Amount Sleeping Arrangements Furniture? Crate trained? How alone? Length time? Other Animals in the home? Who will be responsible for working with the dog? Upcoming lifestyle changes? YOU? Ever seriously bitten? Dog? Kids? When did behavior begin/change? Different with certain people? What have you done so far? What would you like instead? Cues dog is good at: Observations Concerns List: