



Owner(s) Name: _____

Home Address _____

Phone Number: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Age: _____

Is your dog up to date on all shots. Yes or No.

Date of last Rabies shot: _____ **Please include a copy of rabies record.**

Email Address _____

How did you hear about us? _____

Does your dog get along with other dogs? Yes or No

If no please explain:

How often do you exercise your dog?

Please describe one specific behavior you would like to work on in class

Please mail to : The Positive Pooch
220 Balligomingo Road, Gulph Mills, PA 19428