## Adult - Level 1

## 6 WEEK COURSE - \$125 MAXIMUM OF 6 DOGS PER CLASS Proof of vaccinations is required.

On-leash training class for dogs over 6 months of age. Introduction to reward based, preventative, behavior substitution training, and basic manners. Teaching dogs to settle, loose leash walking and stay - all on cue. Introduction to AKC Canine Good Citizen behaviors.

CLASSES WILL RUN FOR SIX (6) CONSECUTIVE WEEKS

	MONDAYS	
Please bring: yo	our dog on a 6-foot leash (no flexi leads) and	a bag full of soft, yummy treats.
Class Dates: Feb. 17, Feb.	24, Mar. 2, Mar. 9, Mar. 16, Mar. 23	Class Time: 7:00 PM - 8:00 PM
Owner Information		
Name:		
Phone Number:		
Address:		
Email Address:		
Dog Information		
Name:		Breed:
Sex (circle): Male	e Female	Age:
Veterinarian (for vaccinati	on purposes):	
What is your overall goal v	with training?	
What training classes have	e you already taken?	
How did you hear about u	s?	
acknowledge that some of the dogs greatest amount of care. I agree to l any liability, Paws 'n Claws and all of Claws landlord from any and all liabi grounds or the surrounding area. Fu agree to abide by the training rules a ill, in season, has any communicable is being used in class or practice, I ur following this procedure may be disr supply a copy of my dog's vaccinatio	dance in a dog training class is not without risk to my dog, my to which I will be exposed may be difficult to control and ma keep my dog under control at all times. Furthermore, in case fficers, agents, members, instructors and other persons in an ility, of any nature, for injury or damage in any way resulting urthermore, I will not hold Paws 'n Claws responsible for any and decisions of Paws 'n Claws. I understand that I will not b e diseases or condition, or if any such conditions or diseases en nderstand no dog will be allowed on any obstacle without a f missed from class or practice. I understand there are no cash on certificate before dogs will be allowed in class. Please not haved child, aged 12 or older, is invited to attend as long as t ple friendly and dog friendly dogs.	ay be the cause of injury even when handled with the e of accident, loss or injury, I hereby waive, release from by way associated with the training program and Paws 'n from participation in this class, or while on the training actions of my dog after completion of this class. I hereby ring my dog to training class (but I will attend) if the dog is exist in any dog in my household. When agility equipment Paws 'n Claws representative present. Anyone not in refunds after the first day of class. I understand I must e that the class is intended for adults and may not be
Owner's Signature:	vner's Signature: Date:	
Payment Information		
Date Class Was Paid In Ful	/l:	

Next Class Customer is Interested In:

Applications could be mailed to or dropped off at Paws 'n Claws 1530 West 26th Street, Erie, PA 16508 or fax it to (814) 456-7299.