# Puppy - Level 1

## 6 WEEK COURSE - \$125

### **MAXIMUM OF 6 DOGS PER CLASS**

### Proof of vaccinations is required.

Off-leash training classes for dogs under 6 months of age. Focus on socialization with dogs, people, and things while also teaching basic manners. We take a preventative approach to navigate common puppy pitfalls! AKC STAR Puppy test optional at the end of required six weeks.

#### **CLASSES WILL RUN FOR SIX (6) CONSECUTIVE WEEKS**

		THURSDAYS	
Please	e bring: your dog	; on a 6-foot leash (no flexi leads)	and a bag full of soft, yummy treats.
Class Dates: Ma	ar. 5, Mar. 12, M	ar. 19, Mar. 26, Apr. 2, Apr. 9	Class Time: 7:00 PM - 8:00 PM
Owner Informa	tion		
Name:			
Phone Number:			
Address:			
Email Address:			
Dog Informatio	n		
Name:			Breed:
Sex (circle):	Male	Female	Age:
Veterinarian (fo	r vaccination pur	poses):	
What is your ov	erall goal with tra	aining?	
What training cl	lasses have you a	Iready taken?	
How did you he	ar about us?		
acknowledge that son greatest amount of ca any liability, Paws 'n C Claws landlord from a grounds or the surrou agree to abide by the ill, in season, has any o is being used in class o following this procedu supply a copy of my de enjoyable for children	ne of the dogs to which are. I agree to keep my claws and all officers, ag my and all liability, of ar nding area. Furthermo training rules and decis communicable diseases or practice, I understand are may be dismissed fr og's vaccination certific . One well-behaved ch	I will be exposed may be difficult to control an dog under control at all times. Furthermore, ir gents, members, instructors and other persons by nature, for injury or damage in any way resu re, I will not hold Paws 'n Claws responsible for ions of Paws 'n Claws. I understand that I will r s or condition, or if any such conditions or disea d no dog will be allowed on any obstacle withou om class or practice. I understand there are no ate before dogs will be allowed in class. Please ild, aged 12 or older, is invited to attend as long	g, myself, members of my family or guests who may attend. I d may be the cause of injury even when handled with the n case of accident, loss or injury, I hereby waive, release from in any way associated with the training program and Paws 'n liting from participation in this class, or while on the training r any actions of my dog after completion of this class. I hereby not bring my dog to training class (but I will attend) if the dog is asses exist in any dog in my household. When agility equipment ut a Paws 'n Claws representative present. Anyone not o cash refunds after the first day of class. I understand I must e note that the class is intended for adults and may not be g as the child is not a disruption to the learning environment. indicates that I have read and understand all that is written in
Owner's Signature:			Date:
Payment Inforn Date Class Was			
	paid in Full:	d In:	
		<b>u</b>	

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.