

PPA PLAYGROUP

137 30th St Dr. SE ~ Cedar Rapids, IA ~ 52403
ppareservations@gmail.com

319-362-1991 (fax 319-362-3631)
www.pawsitivepawsacademy.com

Your Name _____ Referred by: _____

Home _____ Cell _____

Email _____

Dog's Name _____ Breed _____ Birth date: _____

M or F Spayed/Neutered: *yes no* Shot Records: Attached Vet _____

Describe your dog's character: ___ shy ___ submissive ___ nervous ___ happy
___ calm ___ fearful ___ highly excitable

Describe concerns: _____

Check all that apply: ___ play biter/mouthing ___ control biter/mouthing ___ jumps on people
___ submissive urinator ___ lunges at other people/dogs

Describe concerns: _____

How would your dog respond if:

a) a person comes up to you and/or your dog? _____

b) another dog comes up to your dog? _____

I agree by my signature to hold Pawsitive Paws Academy, its members, its trainers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto.

I personally assume all responsibility and liability for any such claim. I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds.

NAME

DATE