

Registration for Pawsome Connection Dog Training Classes

Class type: _____ start date: _____

Handler name: _____

Address: _____

City: _____

Phone home: _____

cell: _____

Email: _____

Dog Profile:

Name: _____

Birth date: _____

Breed: _____

Male/Female? _____

spayed/neutered? _____

Please answer the questions below if you have NOT been enrolled in one of my classes previously:

Where did you get the dog from (breeder, humane society, etc.) _____

How long have you had the dog? _____

Previous training / classes attended? _____

Describe your dog's temperament: _____

Is he/she good with other dogs? _____

Is he/she good with people? _____

Anything you'd like me to know about yourself and your dog? _____

What are your objectives for having your dog in class? _____

(cash, or cheque made out to **Gisela Griesser** or e-transfer - password: **agility**) to:

Gisela Griesser
13-53030 Range Road 20
Parkland County, AB T7Y 2G8

email: pawsomeconnection@gmail.com