



B. Paws-itive Pet Dog Training
PO Box 272443 Tampa, Fl 33688

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www.bpawsitive.com

Date of class _____ Pup101 _____ Pup102 _____ Petiquette _____

Owners Name(s) _____

Address _____ State _____ Zip _____

Home phone _____ Work phone _____ Email _____

Dog's name _____ Breed _____ M ___ F ___ Spayed/Neutred _____ When? _____

D.O.B _____ Age _____ Purchase _____ Adopted _____ From: _____

Proof of Vaccination _____ Veterinarian _____

Referred By: _____

Behavior Problems (please check all that apply)

Housebreaking _____ Marking _____ Submissive Urination _____ Shy _____ Anxiety _____ Chewing _____

Running Away _____ Barking _____ Digging _____ Jumping _____ Leash pulling _____

Steals items and runs _____ Guards Items _____ Guards Food _____ Bites owner(s) _____ Bites

guests/strangers _____ If yes, broke skin _____ How often _____

Can you handle dogs toes, ears, teeth, tail? _____

Other issues/concerns _____

Training Goals _____

Have you taken other dog obedience classes _____ Where? _____

Where does your dog spend most of his/her time? _____

Fenced backyard? _____ Crate? _____ Other ? _____

Please make checks payable to **Angela K. Bubley, sorry no refunds, Thank you!**

Amount paid _____ Check# _____ Balance _____

Thank you for the opportunity to teach you and your dog. The best way to thank me, is a
with a referral.

"If you train them...they will come."

