



Helping Build Stronger Relationships • 734.751.0061 • 30770 Parkwood St • Westland, Michigan 48186

Pawzitive Positive, LLC

Enrollment Form & Hold Harmless Agreement • Page 1 of 2

For PP use only:
Date Rec'd _____ Payment _____ Ck# _____ Date Processed _____
Class (s) enrolled in _____

*Please complete the following information, print (if filled online),
and mail both pages with your check or money order payable to:*

**PAWZITIVELY POSITIVE, LLC • 30770 Parkwood St. • Westland, MI 48186
734.751.0061 • Terry@PawzitivePositive.com**

NAME _____
(PLEASE LIST ANYONE WHO MAY COME)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ WORK/CELL PHONE(____) _____

E-MAIL ADDRESS _____

DOGS NAME _____ BREED _____

DOG'S BIRTH DATE _____ SEX _____

CLASS SELECTION _____

What would you like to gain from this course?

Specific problems you are having with this dog:

Does your dog show any aggression towards other dogs or people?

HEALTH INFORMATION:	<u>Date Given</u>		<u>Date Given</u>
DHLP/P	_____	RABIES	_____
Heartworm	_____	Fecal Check	_____
Veterinarians Name	_____		
Practice Name	_____		



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Please, read sign and return with your payment.

I understand that attendance at dog obedience classes, private lessons, or the handling, training, or other contact with dogs are activities that carry risk of injury to myself, to other people, and to my dog(s) or those of others. I acknowledge that I, my dogs, members of my family, or others could be injured.

I, the dog's owner, have fully disclosed to Theresa Jacobus any information about my dog that may indicate behavioral issues and/or aggression. I also understand that there is no "cure" for aggression and both management and behavioral protocols may have to be utilized throughout the life of my dog in order to maintain appropriate behavior and to keep my dog and others safe.

By choosing to work with this animal, I (the dog's owner) am taking full responsibility for its actions and behavior. I understand this may place me in personal danger from a dog bite, or other persons who handle my dog.

It is not always possible to predict each scenario, so I understand that I am exercising my own judgment when a situation occurs, therefore will not hold Theresa Jacobus responsible in such an incident.

In consideration of my admission to training classes or private lessons, I agree to release PAWZITIVELY POSITIVE, LLC, all of its employees, directors and officers from any claim that may arise out of this contract. This includes, but is not limited to, claims for personal injury, damage to any property, injury to any animal or other loss.

I further understand that it is my responsibility to control myself and my dog and take full responsibility for any property damage, injury to a person, or injury to another animal caused in any way by my dog while held or controlled by PAWZITIVELY POSITIVE, LLC, or any of its employees, directors, and officers.

I represent that I am over the age of eighteen (18) or that my parent or guardian will sign on my behalf.

Participant Signature

Date

Participant Signature

Date