

# Peninsula Pups Doggie Daycare, Inc.

801 W. 12<sup>th</sup> St., Erie, PA 16501

814-454-7877 | Fax: 814-454-7866

Info@PeninsulaPupsDoggieDaycare.com

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## Training Enrollment Form

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Owner's First Name: \_\_\_\_\_ Owner's Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_

Registering for class: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

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How long have you had your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

If adopted, what knowledge do you have of your dog's history? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog had any obedience training? Yes No With whom? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your dog's overall personality? (Calm, high-energy, timid, outgoing, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have other dogs in your household? Yes No

What breed(s), age(s), and are there any issues between the dogs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any person, type of dog or situation that your dog has problems with? Yes No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have problems in any of the following areas?

Barking Eating foreign objects Food aggression Jumping on people Mouthing/Nipping

Overly protective Pulling on leash Separation anxiety Toy aggression

Other: \_\_\_\_\_

Is your dog aggressive on leash? Yes No

What would you like you and your dog to achieve by attending training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A \$25 non-refundable deposit is required to guarantee enrollment in training.** Deposit will be applied towards full payment. Training Enrollment Form, Service Agreement and vaccination records may be submitted via:

Fax: 814-454-7866

Email: Info@PeninsulaPupsDoggieDaycare.com

Mail or drop off: 801 W. 12th St., Erie, PA 16501

Check made payable to: Peninsula Pups Doggie Daycare

Please charge my:  Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \$\_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Class Rates

Group Workshop – \$39

Freshman Class – \$144

Sophomore Class – \$144

Junior Class – \$144

Senior Class – \$154

Advanced Placement Off-Leash Class – \$149

### Prepaid Training Packages

Undergrad – Freshman OR Sophomore AND Junior Classes – \$244 (\$44 savings)

Graduate – Freshman OR Sophomore AND Junior AND Senior Classes – \$354 (\$88 savings)