

**Pawsitive Steps, LLC**  
[kim\\_michalewicz@hotmail.com](mailto:kim_michalewicz@hotmail.com)  
860-614-6625

*Classes are held at:*  
**215 Salmon Brook Street  
in the Gathering Room  
at Salmon Brook Park  
Granby, CT**

### General Information and Registration

Owner's Name \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #(H) \_\_\_\_\_ (W) or cell \_\_\_\_\_  
Email: \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Spayed or Neutered? \_\_\_ Yes \_\_\_ No

Age of dog when you got him/her \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Have you trained a dog before? \_\_\_\_\_

Do you or your dog have any physical handicaps or disabilities which may affect training? \_\_\_\_\_

Does your dog have any food allergies? \_\_\_\_\_

Does your dog integrate well with other people? \_\_\_ Yes \_\_\_ No

Does your dog integrate well with other dogs? \_\_\_ Yes \_\_\_ No

Have you attended any other Pawsitive Steps classes? \_\_\_ Yes \_\_\_ No

If yes, how long ago \_\_\_\_\_

How did you hear about our classes? \_\_\_\_\_

Family Vet \_\_\_\_\_

\***Rabies Shot Information:** date given \_\_\_\_\_ Tag Number \_\_\_\_\_

\*\***Rabies Shot is required for all dogs over 6 months of age**

What do you feed your dog? \_\_\_\_\_

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

What would you like to accomplish in this class? \_\_\_\_\_

\_\_\_\_\_  
If you need more room please feel free to write on the back of this page.