

Pawsitive Alternatives

Request for Training Assistance

Name of CPAA Member Rescue _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Dog's Name _____ Age _____ Breed _____

How long has this dog been in your home? _____

Please describe in detail the issues that you are having with your foster dog so that we can match you with an appropriate trainer.

When completed, please return this form to hopedogs@comcast.net.