

PUPPY KINDERGARTEN Registration Form

Class Start Date: _____

Owner Name: _____

Dog's Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Dog's Birthday: _____

Phone Number (h): _____

Dog's Breed: _____

Phone Number (w): _____

Dog's Age: _____

Phone Number (c): _____

Dog's Sex: _____

Do you plan on spaying/neutering your pet? YES NO

Is this your first puppy? YES NO

Veterinarian's Name & Location: _____
(if not a client of University Veterinary Clinic)

How much time per day do you spend training your puppy? _____

Please name 5 of your puppy's positive traits:

What is your household composition ? (# of helpful adults, young children, babies, etc)

Are there other animals in the house ?

What problems are you having (if any) with your puppy?

Anything else that you would like for me to know about your dog:

I, (print name) _____ understand that the puppy kindergarten class will use positive reinforcement methods and will meet 1hour per week for 6 consecutive weeks. I have read the course outline and understand that the sole purpose of this class is to socialize my puppy. I also understand that my success or failure in this class is based on my own willingness to work with my puppy on a daily basis. I also will be able to show proof that my puppy has received his 2nd round of puppy shots.

I understand that attendance in a dog training class is not without risk to myself, members of my family or friends or my dog because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the utmost of care. I hereby waive A Dog's World from any responsibility or risks associated while attending the training sessions.

I have read and understand all the conditions and would like to enroll in the class.

Signature _____