



THE UNCOMMON CANINE, INC.

Dear New Puppy Owner:

Thank you for your interest in The Uncommon Canine, Inc.'s Dog Obedience Training Program, **Puppy Kindergarten**. This class is open to puppies 9 weeks through 4 months of age. We offer a Puppy Elementary for puppies who are a little older.

In order to streamline our registration process, please take a moment to complete the enclosed application and bring it with you on the first day of class. We will also ask that you provide proof of current vaccinations given by a licensed veterinarian or veterinarian technician. This may be in the form of either a receipt or a note from your veterinarian.

Class times are either **Monday evenings at 6:30pm or Saturday mornings at 9:30am**. New puppy orientation is 45 minutes prior to the start of the Puppy Kindergarten class. This means that Monday New Puppy Orientation is at 5:45pm and Saturday New Puppy Orientation is at 8:45am.

The class fee for Puppy Kindergarten is \$125 for 6 sessions. Since Puppy Kindergarten is an on-going class, you may attend any 6 classes that your schedule will accommodate providing that the 6 sessions are completed within 8 weeks of your start date. Please make all checks payable to: **The Uncommon Canine, Inc.** we also accept Visa/Mastercard (there will be a \$3.50 convenience fee) or you may use PayPal from our Website.

The only equipment we require you to have for your puppy is a 6-foot nylon or leather leash (**no** flexi-leads please) and a flat or buckle collar. Please bring a towel, small blanket, carpet square, etc. for your puppy to use as a place marker. You may want to bring water for yourself, water for the dogs is provided. All classes are held at **The Animal Keeper**, 12280 Oak Knoll Road in Poway. Parking is limited at The Animal Keeper. If the kennel's parking lot is full we have permission to utilize the parking area at the Oak Knoll Professional Building, 12307 Oak Knoll Road (across the street from The Animal Keeper).

If you have any questions or need further information, please call me at **(858) 679-5861** or Email theuncommoncanine@cox.net. I look forward to meeting you and your puppy.

Sincerely,

Joella Cunnington, CPDT
President and Director of Training



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Training Class Application

Training Class Start Date _____

Owner's Name _____

Address _____

City _____ Zip+4 _____

Home Phone _____ Work Phone _____

Cell Phone _____ Veterinarian's Name _____

Email _____

Dog's Name _____ Breed _____

Birthdate _____ Sex M F Spayed/Neutered YES NO Color _____

How long have you had this dog? _____

How acquired: Breeder Friend Rescue Found Pet Store

Other _____

Does your dog do any of the following? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Barks too much | <input type="checkbox"/> Digs in yard |
| <input type="checkbox"/> Chew on things inside the house | <input type="checkbox"/> Tears up plants |
| <input type="checkbox"/> Chew on things outside the house | <input type="checkbox"/> Chases family cats |
| <input type="checkbox"/> Jumps on owner | <input type="checkbox"/> Doesn't like other dogs |
| <input type="checkbox"/> Jumps on kids | <input type="checkbox"/> Growls at owner |
| <input type="checkbox"/> Jumps on guests | <input type="checkbox"/> Bites or nips in anger |
| <input type="checkbox"/> Mouths hand in play | <input type="checkbox"/> Other (specify) _____ |

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Drive By | <input type="checkbox"/> Yellow Pages/Smart Pages |
| <input type="checkbox"/> Internet Website | <input type="checkbox"/> From veterinarian |
| <input type="checkbox"/> From former trainee _____ | <input type="checkbox"/> Ad _____ |
| <input type="checkbox"/> From present trainee _____ | <input type="checkbox"/> Other _____ |

I agree not to hold The Uncommon Canine, Inc., or it's agents, instructors or employees liable for any injury or illness suffered by myself, any family member in attendance, or my dog, including, but not limited to, animal bites and complications thereof, or injuries caused by the active or passive negligence of The Uncommon Canine, Inc., or it's agents, instructors, or employees.

I understand that refunds are **not** given for classes unless canceled by the instructor. However, credit will be assigned toward another training class if arrangements are made with the instructor in advance.

Date _____ Signature _____

[For Office Use Only] PK PE BO IO RO Ag

Vaccine Dates: DHLPP _____ Rabies _____ Bordetella _____