

*NEW PUPPY?  
DON'T WAIT!*



**SIGN UP FOR PUPPY  
KINDERGARTEN TODAY WITH  
A DOG'S BEST FRIEND!**

**WHY:** The critical development period for puppies is up to 16 weeks of age. So many problems trainers see in adult dogs could have been prevented with the right puppy education. It's much easier to start with good habits than to fix bad habits later!

**WHEN:** Tuesday nights from 7 to 8 p.m. You can start any week, but must complete registration paperwork and pay the class fee to reserve your spot. Sessions are six weeks long.

**WHO:** Puppies 8-16 weeks of age. Must be up to date on shots and have a completed health verification form to attend.

**WHERE:**  **CALUSA  
VETERINARY  
CENTER**

6900 Congress Ave., Boca Raton, FL 33487

**WHAT:** We'll cover proper socialization to help prevent fear and aggression, proper handling, housetraining, mouthing, jumping, and more. Classes also include supervised puppy playtime.

*A Dog's Best Friend is South Florida's oldest positive dog training company, established in 1990. We were the FIRST to introduce positive Puppy K and other training classes in the area. All classes feature modern, reward-based techniques based in science for effective results. Taught by experienced, professional staff.*

[www.adogsbestfriend.com](http://www.adogsbestfriend.com)

**954-791-2717**

A FULL SERVICE  
TRAINING  
COMPANY

—  
In-Home Lessons

—  
Behavior

Modification: Fear,

Aggression &

Other Issues

—  
Puppy

Kindergarten,

Basic and

Advanced Classes

—  
Puppy Selection,

CGC Testing and

More!



# PUPPY KINDERGARTEN REGISTRATION



OWNER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_  
 DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 WHERE DID YOU GET YOUR PUPPY? \_\_\_\_\_ WHEN? \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT OUR CLASS? \_\_\_\_\_

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I, \_\_\_\_\_, being of lawful age and the owner of \_\_\_\_\_, (name of dog), a \_\_\_\_\_, (breed of dog), understand the educational purposes of A Dog's Best Friend Professional Dog Training, and in consideration of being allowed to participate in the training class being provided by A Dog's Best Friend, hereby agree on behalf of myself, my spouse, heirs, legal representatives, assigns, guests, invitees and my insurer that: I am fully aware and acknowledge that training can cause stress in dogs and that the training will be done in the presence of other persons and animals; I am fully aware of the risks and dangers involved and hereby accept full responsibility for any and all risks of bodily injury to myself, my dog, or to any other person and/or animal which results from the attendance and participation in such training. I hereby release A Dog's Best Friend, Coral Springs Pet Resort and Medical Center, Central Bark, Calusa Veterinary Center, their officers, agents, directors, employees, representatives, other enrollees, and the instructor/trainers from any and all claims, demands, expenses, and liability, whether from personal injury, death, property damage, violations of law which is caused by the undersigned and which in any way arises out of or relates to a function or activity of and which in any way arises out of or relates to a function or activity of A Dog's Best Friend. I have carefully read and understood the Release and Hold Harmless Agreement and am executing this instrument voluntarily. I understand my dog needs to be under the care of a veterinarian, in good health, and up to date on vaccinations. He or she must be free of internal and external parasites. No females in heat, please. Class fee is non-refundable.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**\*\*\*Completed Health Verification Form is Required\*\*\***

Payment enclosed: Check # _____ Date _____ Cash _____ Amount _____ REGISTERED FOR CLASS BEGINNING _____ LOCATION _____
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# HEALTH VERIFICATION



Dear Veterinarian,

\_\_\_\_\_ (owner) has enrolled their puppy in a training program with A Dog's Best Friend. We want to make sure that all dogs and puppies are in good health before going through our training program.

We would like to verify that \_\_\_\_\_ (PUPPY) is in good health, IS current on vaccines, AND HAS NO MEDICAL PROBLEMS THAT COULD CREATE OR AGGRAVATE BEHAVIOR PROBLEMS, OR BE AGGRAVATED BY TRAINING. We would appreciate it if you would take a few minutes to record the following information for us so that we can proceed with training.

## VACCINATIONS

DHLP \_\_\_\_\_ PARVO \_\_\_\_\_ BORDATELLA \_\_\_\_\_ OTHER \_\_\_\_\_  
date date date date

FECAL CHECK RESULTS \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL DIET? \_\_\_\_\_ CAN WATER BE SCHEDULED? \_\_\_\_\_

MEDICATIONS/OTHER \_\_\_\_\_ NEUTERED?  Yes  No

This is to certify that on \_\_\_\_\_ (date) I examined the above described animal, and, to the best of my knowledge, find this animal to be free from infections or contagious diseases.

\_\_\_\_\_  
VETERINARIAN'S SIGNATURE

\_\_\_\_\_  
HOSPITAL NAME OR STAMP

**THANK YOU FOR YOUR ASSISTANCE!**  
954-791-2717 / 954-316-2325 Fax

## Agreement and Release of Liability

Owner's name: \_\_\_\_\_

Pet name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

A Dog's Best Friend, Inc and Tim Mullally does not guarantee the results of this training class; I am responsible for my dog's behavior and training. I have represented my dog's breed(s) accurately and to the best of my knowledge, he/she is a non-aggressive dog toward people and other pets.

*I understand that attendance in a dog training class entails some risk to my dog and myself and furthermore that dog training and/or agility training can be physically challenging and involves inherent risks. I absolve and agree to indemnify and to hold harmless A Dog's Best Friend, Inc. and its employees, volunteers, officers and agents, from any liability, which may result from my participation, or that of any minor child in my legal custody, in the above activity. I hereby release A Dog's Best Friend, Inc. and Tim Mullally and all training sites and all persons associated therewith from any and all liabilities of every nature which may arise from my participation in this course. Additionally I agree to indemnify and hold harmless Calusa Veterinary Center, its employees, agents, parents, and affiliates from any and all claims and liability arising from any injury to me, a minor child, my pet or to any other person or pet resulting from my pet in relation to participation in dog training and/or use of the yard/parking lot or facility of Calusa Veterinary Center. I understand that this class is not being provided by Calusa Veterinary Center.*

I have read and understood the above agreement.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Best Contact Number