

*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: Monday nights from 7:30 to 8:30 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:



11555 West Sample Road, Coral Springs, FL 33065

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

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? _____

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, Pet Medical Centers Chain of Hospitals, Miami Beach Animal Hospital, Coral Springs Pet Resort and Medical Center, Indian Trace Animal Hospital, Broward County, Tradewinds Park, Equine-Assisted Therapies of South Florida Inc., Central Bark, Petlover Central, 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 fully vaccinated, in good health, and wearing current rabies tag. He or she must be free of internal and external parasites. No Females in heat please.

Date: _____ Signed: _____ Print Name: _____

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

Payment enclosed: Check # _____ Date _____ Cash _____ Amount _____

REGISTERED FOR CLASS BEGINNING _____ LOCATION _____

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 VCA Coral Springs Pet Resort & Medical 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 VCA Coral Springs Pet Resort & Medical Center. I understand that this class is not being provided by VCA Coral Springs Pet Resort & Medical Center.

I have read and understood the above agreement.

Signature of Owner/Agent

Date

Print Name

Emergency Contact Phone Number