



C.J.'s DOG TRAINING
P.O. Box 2416
Vancouver, WA 98668
360.696.1992 (telephone)
Website: www.cjsdogtraining.net
Email: cjsdogtraining@gmail.com



Thank you for choosing C.J.'s Dog Training!

This letter is in response to your request for information about **Puppy Kindergarten** class starting

_____ At _____.

The class is held once per week for 6 weeks and costs \$135.00. Puppies must be under 18 weeks of age on the date of the first class. Each lesson will last about an hour and 15 minutes.

NOTE: PUPPIES DO NOT ATTEND THE FIRST CLASS.

Enclosed you will find:

1. A Registration for Puppy Kindergarten/Responsibility Waiver Form (**Both sides of the form must be completed and returned at least ONE WEEK before the first class.**)
2. A Puppy Vaccination Form (**Must be signed by you and your veterinarian and returned at least ONE WEEK before the first class.**)
3. A Map with Directions to the Training Facility

CLASS INFORMATION

Your place in class is guaranteed when we receive your \$50.00 registration fee or full tuition. Cash, checks, Visa, Master Card, American Express or Discover credit and debit cards are accepted. Classes are filled on a first come basis. You can mail a check to us at the above address. You can also call and give us a credit or debit card number, or to let us know your check is in the mail.

DO NOT EMAIL YOUR CREDIT CARD INFORMATION TO US AS EMAIL IS NOT SECURE!

The Registration/Responsibility Waiver Form and the Puppy Vaccination Form must be received at least ONE WEEK before the first class. However, you can send them separately or you can email them to us also. If the class you want to register for starts less than a week from now, please call us for further instruction.

It is common for all spaces in a class to be guaranteed well before the class is actually scheduled to begin. If the class has filled between the time you call and the time we receive your registration fee, you will be notified and we will enroll you in the next available class. Otherwise, you will receive a reminder email a few days before class begins.

If you plan to continue your dog's training after Puppy Kindergarten class, you can register now for a Beginning Obedience class (see front of registration form). For the **Beginning Obedience** class, a 6 foot long leather leash and approved training collar (nylon flat buckle or quick release, Martingale-style, Gentle Leader or Halti headcollar) is required. This class usually starts 1 week after Puppy Kindergarten class ends. Students attending Puppy Kindergarten classes will receive a \$10 discount on Beginning Obedience class tuition (total tuition with the discount is \$135).

CANCELLATION/REFUND POLICY

The \$50.00 Registration Fee is **non-refundable**. The balance of the tuition fee is also **non-refundable unless** your dog is unable to attend classes due to death or hospitalization, as verified by your veterinarian's written letter. In that case, \$10.00 per class missed will be refunded.

No exceptions to this refund policy will be granted.

If you have any questions regarding any of the above, please give us a call. In the meantime we very much look forward to working with you and your dog.

Class Start Date _____ Day _____ Time _____

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Registration for Puppy Kindergarten

Handler Information:

Name (Please Print): _____ Age (If under 18): _____

Address: _____
Street City State Zip

Phone: Home _____ Cell: _____ Work _____

Email address(es): _____

How did you learn about these classes? Please name

Internet Search/Phone Book _____ Current/Former Student _____

Groomer _____ Breeder _____

Veterinarian _____ Other _____

Puppy Information:

Breed: _____ Puppy's Name: _____

Sex: _____ Date of Birth: _____ What age was this puppy when you acquired it? _____

Where did you get this puppy? Please name.

Breeder/Kennel _____

Newspaper Ad/Internet _____ Pet Shop _____

Humane Society/Rescue Group _____ Other _____

Have you owned a dog before? _____ Have you trained a dog before? _____

Our household consists of: _____ Men; _____ Women; _____ Children (ages) _____

Other pets: _____

Veterinarian's Name/Clinic: _____ Phone: _____

Puppy Problem(s) you wish to solve (circle all that apply):

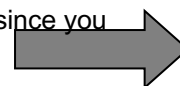
Chewing Biting Barking Digging Housebreaking Other: _____

I have enclosed for Puppy Kindergarten Class:

_____ \$50.00 Registration Fee, **Non-refundable**
(Balance due at first class) **OR**
_____ \$135.00 Full Tuition, **\$50 is Non-refundable**
(Includes Registration Fee)
_____ Vaccination Form

For Beginning Obedience Class:

_____ \$50.00 Registration Fee, **Non-refundable**
(Balance due at first class) **OR**
_____ \$135.00 Full Tuition, **\$50 is Non-refundable**
(this includes a \$10 discount since you
are in Puppy Kindergarten)



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CONDITIONS OF ENROLLMENT

Your place in class is guaranteed when we receive your \$50.00 registration fee or full tuition. **This Form and the Puppy Vaccination Form must be completed, signed and received at least ONE WEEK before the first class.** However, you can send them separately.

It is common for all spaces in a class to be guaranteed well before the class is actually scheduled to begin. If the class has filled before we receive your registration fee, you will be notified and we will enroll you in the next available class.

CANCELLATION/REFUND POLICY

The \$50.00 Registration Fee is **non-refundable**. The balance of the tuition fee is also **non-refundable** unless your dog is unable to attend classes due to death or hospitalization, as verified by your veterinarian's written letter. In that case, \$10.00 per class missed will be refunded. **No exceptions to this refund policy will be granted.**

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that participation in a dog training session is not without risk to myself, members of my family or guests who may attend, or my dog.

I hereby waive and release C.J.'s Dog Training, its employees, officers, members and agents from any and all liability of any nature, for illness, or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dogs, or damage or injury from any other cause, and I expressly assume the risk of such damage or injury while attending any training sessions, or any other function at C.J.'s Dog Training, or while on the grounds or the surrounding area thereto.

It is further understood that I need to meet C. J.'s Dog Training's vaccination requirements for my puppy to attend class and that all required vaccinations must be verified.

In consideration of and as inducement to the acceptance of my application for training at C. J.'s Dog Training, I hereby agree to indemnify and hold harmless C.J.'s Dog Training, its employees, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function at C.J.'s Dog Training, or while on the training grounds or the surrounding area thereto.

I have read, understand and accept the above terms and conditions of enrollment.

Signature of Owner or Authorized Agent
(In the case of a minor, a parent or legal guardian must sign)

Name of Owner (Please Print)

Address City State Zip



Class

Last Name

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PUPPY KINDERGARTEN VACCINATION FORM

I understand that my puppy is **REQUIRED** to have their first vaccination against Distemper, Parvovirus and Bordetella at 6 weeks of age or older **and** at least 7 days before they attend class. Further vaccinations required in this series must be given every 3 to 4 weeks until the last dose of vaccine is given at 12 weeks of age or older.

Distemper and Parvovirus vaccinations must be continued until the puppy series is complete. A **BORDETELLA** booster is required **3 weeks** after the first was given if an injectable vaccine was used. If you have any questions regarding any of these requirements, please call C.J.'s.

Dog's Name

Date of Birth

Signature of Owner

Please have this form filled out and signed by your veterinarian.

Veterinarian: Please write in the dates the vaccinations were given on the line provided and sign below.

DHP: 1 _____ 2 _____ 3 _____

PARVO: 1 _____ 2 _____ 3 _____ 4 _____

BORDETELLA: 1 _____ 2 (booster if injectable) _____

Check here if Intranasal or oral

☐

Signature of Veterinarian

Veterinarian: AFTER the Distemper/Parvovirus puppy series of vaccinations is COMPLETE, please check here.

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Vet's Initials/Date