



THE UNCOMMON CANINE, INC.

Dear Dog Owner:

Thank you for your interest in **The Uncommon Canine's Dog Obedience Training Program.**

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**. This may be in the form of either a receipt or a note from your veterinarian.

There is also a **\$25 deposit required to hold your place in the class**. This deposit will go towards the class fee. The deposit is non-refundable and must be paid by return mail (time permitting). Please make all checks payable to: **The Uncommon Canine** and mail to **14236 Gaelyn Court, Poway, CA 92064-3328**. For your convenience, you can pay online via PayPal through our website at <http://www.theuncommoncanine.com/calendar.html>. We do accept Visa/MasterCard, but NOT American Express. Please make all checks payable to: **The Uncommon Canine, Inc.**

The first session of Basic Beginner's class is conducted without your dog.

On the first session with dogs (week 2), the only equipment we require you to have for your dog is a 6-foot nylon or leather leash (**no flexi-leads**) and a flat or buckle collar. We do not allow prong collars, choke chains or shock collars. After observing your individual dog, we may suggest training tools that better meet your needs. Wear comfortable clothes and **bring a hungry dog to class** (or at least not digesting a full meal). **Please bring your dog's favorite treats (his kibble will do)**, towel/small blanket/carpet square, etc. for your dog to use as a place marker. Also, it is recommended that you give your dog some exercise before class to take the edge off their energy level. Children (anyone under 18 years of age) are to be accompanied by and supervised by an adult.

All classes are held at **The Animal Keeper**, 12280 Oak Knoll Road in Poway. Parking is limited at The Animal Keeper, but parking may be available on the street. It is highly recommended that you call a couple of days before the class start date to make certain that the date has not been changed due to weather delays.

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 dog soon.

Sincerely,

Joella Cunningham, CPDT-KA
President and Director of Training

CLASS START DATE _____ TIME _____

KEEP THIS LETTER FOR YOUR RECORDS AND SEND DEPOSIT WITH THE APPLICATION.



THE UNCOMMON CANINE, INC.

Training Class Application

Training Class Start Date _____

Owner's Name _____

Address _____

City _____ Zip+4 _____

Home Phone _____ Cell Phone _____

Email _____

Dog's Name _____ Breed _____

Owner's Occupation _____

Birthdate/Age _____ Sex M F Spayed/Neutered _____ Color _____

Veterinarian's Name _____ 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)

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

How did you hear about us?

- Drive By
- From veterinarian
- Internet Website (Yelp, Google)
- Yellow Pages/Smart Pages
- From former trainee
- Other _____
- From current trainee

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 _____