



THE UNCOMMON CANINE, INC.

Dear New Puppy Owner:

Thank you for your interest in The Uncommon Canine, Inc.'s Dog Obedience Training Program, **Puppy Elementary**. This class is for puppies **4 months thru 6 months** of age. We do offer Puppy Kindergarten for younger puppies.

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.

New puppy orientation and class times are listed on the [Calendar](#) page of the website and are subject to seasonal change.

The class fee for Puppy Elementary is \$135 for 6 sessions. Since Puppy Elementary 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. For your convenience, you can pay online via PayPal through our website. We do accept Visa/MasterCard, however, there may be an additional \$5 transaction fee assessed. Please make all checks payable to: **The Uncommon Canine, Inc.**

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 there is street parking 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-KA
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 _____