



# Humane Society of Calloway County

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## S.T.A.R. PUPPY Kindergarten Registration Form

We welcome and encourage the entire family to attend Puppy Kindergarten, including children!

Name of Persons Attending (& ages of children, if any)

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Name of Dog Taking Class (Call Name) \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Breed \_\_\_\_\_

Mix or Purebred \_\_\_\_\_ Color/Markings \_\_\_\_\_

Vet Clinic \_\_\_\_\_ Vet's Phone Number \_\_\_\_\_

All trainers and dogs should be ready to begin training at the start of the class at 6 pm and bring all proper equipment to each class. Please allow time for your puppy to relieve itself outside before the start of the class.

I have included a check made out to the Humane Society of Calloway County for \$50 for members or \$70 for non-members which includes membership for 1 year

**I have included a copy of my puppy's vaccination records and understand that my puppy must be up to date on all vaccines recommended for the age of my puppy in order to participate.**

I am interested in continuing my puppy's training by attending basic obedience class and possibly working toward the Canine Good Citizen (CGC) certification.

I am interested in finding out how my dog can become a Pet Therapy Dog so they will be welcome in nursing homes, hospitals and schools and would like information about the Therapy Dogs International Test. CGC certification is required first.

I understand that this class is for training purposes and that I will need to work with my puppy outside of class in order to benefit from this class. I will also need to continue working with my puppy after the class is done to keep everything fresh in my puppy's mind. I will not hold the Humane Society or volunteer instructors accountable for any injuries or damages sustained during the course of this class to either me or my animal.

Signature \_\_\_\_\_ Date \_\_\_\_\_