



Mary Mazzeri 136 Golfview Lane Carpentersville, IL 60110

Kindergarten Class

PLEASE READ ALL DIRECTIONS

Course Description: 6 week class for pups **10 to 20 weeks** old (by first class). The **first** week meets **without** puppies. **Two** adults (or a well-behaved, school-aged child, accompanied by an adult, are welcome.) This IACP/NADOI endorsed Class is taught by IACP certified instructors. It teaches you effective management, communication, and handling skills. Our goal is to help you develop your puppy's obedience, confidence, attention, and respect for its family.

REGISTRATION closes one week prior to class or when limit is reached. (→ **Classes fill early!**)

Pre-register by mail. **Return this form, signed and fully completed, along with the class fee.**

The \$150.00 Fee includes 6 week course, manual, handouts & house leash.

→ **Make check payable to: "MARY MAZZERI"** Applications will not be accepted without fee.

(Mail this form with your check or money order to the address at the top of this page. Call for credit card registration option. You will receive confirmation by E-mail, U.S. mail, or phone.)

★ **Combination Discount Option: include Advanced Class:** If you pre-register now for both the Puppy (\$150.⁰⁰) & Home Basics classes (\$150.⁰⁰) the combined fee for both classes is \$270.⁰⁰ (Save \$30.⁰⁰)

Please check here → if you would like to take advantage of this discount offer, enclose **both** a Kindergarten and Home Basics dated and completed form, & enclose \$270.⁰⁰

HEALTH CERTIFICATE Please bring Health Cert. to the first class completed and signed by your veterinarian.

DIRECTIONS to the training site are given on the Website or enclosed map.

→ **CLASS START DATE is:** _____ **Tues. Wed. Sat. at** _____ **am/pm Please fill in date & /time**

NAME of person training dog in class _____

ADDRESS _____ **CITY** _____ **ZIP CODE** _____

CELL PHONE _____ (Other phone number) _____

PUPPY'S NAME _____ **BORN** _____ **GENDER M F**

BREED(S) _____ **WHO referred YOU?** _____

E-MAIL _____ **Your Vet & Clinic** _____

List problems to solve, any important information about your pup, and/or what you hope to accomplish.

What brand/type of food do you feed your pup _____ Free fed? Or Scheduled?

Is your pup taking medications? No Yes If yes what is it for?

Does your puppy have any health issues?

I, as handler, or handler's legal guardian, assume full responsibility for any incident that may occur and indemnify and hold harmless Mary Mazzeri, instructors and any agency. ★ I understand the class fee is NOT REFUNDABLE after two days preceding the orientation. I have read, understand and agree to all stated conditions. (Handler or legal guardian of minor must sign application).

→ **Signed:** _____ **Dated** _____



Nov-11 Office: Mailed Conf. PC Ph Em Pvt. Or G I TR CS / CK _____