



## Georgia Dog Gym, LLC

35 Fred Kelly Rd  
Rome, GA 30161  
706-378-BARK  
Fax 706-378-2975



### THE GAME OF PLAYING NOSE WORK Class Information Sheet

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#### Signing Up for Class

To sign up for class you will need to fill out:

1. The Training Agreement
2. **Your Veterinarian** must fill out the **Health Record**. **Take the Health Record to your vet**. We will not fax a Health Record form to your vet. **It is your responsibility to get the vet to fill out the form** and return it with your paperwork.

This paperwork, along with your tuition check (made payable to Georgia Dog Gym, LLC) for \$100.00 should be mailed to the address listed at the top of this sheet. You must send it **before** the first class begins OR call in a credit card for payment. Class size is limited to 6 students and your payment reserves your space in class. Be aware that you are signing a Non-Refund Agreement. There is a \$35.00 fee for returned checks. You will receive a telephone confirmation when your forms are received.

#### Guidelines for Class

1. Classes will be conducted at the Georgia Dog Gym. Depending on weather and time of year, your class may be held outdoors or indoors. Arrive at least 15 minutes before class begins so that you can check in, potty your dog, crate your dog and set up your video equipment.
2. You may bring friends or family members to class. Children must be under control. To ensure proper supervision and safety, children must be accompanied by an adult other than the handler of the dog.
3. Equipment needs will vary, but generally, you will need a collar that won't slip over your dog's head, a leash, enticing odorous treats in a sealed container, and a crate.
4. Bring a camera and tripod if you wish to study your dog and his progress. Video of your dog during class is available for \$20 per class & will be available to you on the internet; the link will be emailed to you.
5. Most of the communications that you will receive during the class will be via e-mail. It is important that you list a current functional e-mail address for yourself on the registration form.
6. We reserve the right to refuse to instruct dogs that we believe to be aggressive toward people or aggressive toward other dogs.
7. Your puppy must be at least 6 months of age to take The Game of Playing Nose Work Class.

## Directions to Georgia Dog Gym

### From Calhoun / Adairsville

Take Hwy 140 west, cross 41. Travel about 1/2 mile and turn left on Hall Station Rd. You will drive at least 8 miles or so and Hall Station Rd will dead end into Kingston Hwy (Hwy 293). Take a right. Georgia Dog Gym is about 7.5 miles down on the right, just past the Dykes Creek Baptist Church. It is on the corner of Kingston Hwy and Fred Kelly Rd.

### From Downtown Rome

Take Broad Street going east out of town. Broad Street turns into Kingston Hwy (Hwy 293). Cross through the Rome Bypass (Conn 1) and go 2.3 miles. Georgia Dog Gym is on the left on the corner of Kingston Hwy and Fred Kelly Rd.

### From Cartersville

Take 41 North in Cartersville to Hwy 411 South. Go through the first red light on 411 and travel about another mile. Turn right onto Reynolds Bridge Rd. Go about one mile and then turn left on to Branson Crossing. Branson Crossing dead ends into Old Rome Rd. Take a left. Old Rome Rd. dead ends into Kingston Hwy (Hwy 293). Take another left. Travel about 4.5 miles. Georgia Dog Gym is just past Dykes Creek Baptist Church on the right on the corner of Kingston Hwy and Fred Kelly Rd.

### From Rockmart / Cedartown

Drive into Rome and take 411 towards Cartersville. Take a left at Conn. 1 (the Rome bypass). Travel to the next stop light on the Rome bypass and take a right on to Hwy 293 (Kingston Hwy). Drive 2.3 miles and take a left on Fred Kelly Rd. Georgia Dog Gym is on the corner of Fred Kelly Rd and Kingston Hwy (Hwy 293).

If you have internet access, look up Georgia Dog Gym at 35 Fred Kelly Rd, Rome, GA 30161. at [www.mapquest.com](http://www.mapquest.com).



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## Training Agreement

In consideration of the payment of the training fee set forth below, Georgia Dog Gym, LLC agrees to provide a group Playing The Game of Nose Work course to:

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City/State Zip Code

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CLASS START DATE:** \_\_\_\_\_ **CLASS START TIME:** \_\_\_\_\_

**DOG NAME:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

**SEX OF DOG:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Training Fee:** \_\_\_\_\_

It is further mentioned and agreed that (1) Owner agrees to cooperate with the trainers' instructions and homework assignments. (2) Classes are to be given 1 hour per week. (3) Owner agrees to work with their dog daily between classes. (4) This is a non-refundable agreement. It is further understood and agreed that the aforementioned training course handled or trained by Georgia Dog Gym, LLC personnel are without liability for loss or damage, for death, dog or owners ability to respond to training, change of ownership, injury to persons other than instructors, other animals, or property by below mentioned dog, or other unavoidable causes.

The entire agreement between the parties is set out in this page and there have been no oral representations that do not appear herein and no warranties, either expressed or implied, other than the above contained herein. It is understood that the above named purchaser shall hold Georgia Dog Gym, LLC harmless from any liabilities incurred by the dog during or after training.

As owner of \_\_\_\_\_, I hereby agree to the above.

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Health Information

ATTENTION: Please have your veterinarian complete this form. It is important that your dog come to class healthy. Some behavior problems are related to health issues. Your veterinarian can help you diagnose or rule out any health conditions that may affect your dog's behavior. In order to maintain a healthy environment, Georgia Dog Gym requires that this health record be completed by all group training clients so that we can minimize the risk of exposure to various contagious diseases and conditions; including parasites and communicable skin conditions. You may need to schedule an office visit for your dog so that your vet can attest to your dog's health status.

Client Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

<u>Vaccines</u>	<u>Dates Given</u>
DHLP/DHPP	_____
*RABIES	_____
BORDATELLA	_____

\*If puppy is not old enough for a rabies vaccine, please indicate that on the form.

I certify that the above information is correct. I also certify that the above dog is in good health and free of any infectious diseases and internal or external parasites.

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

Veterinarian's Name: \_\_\_\_\_

Name of Animal Hospital: \_\_\_\_\_

Phone Number of Animal Hospital: \_\_\_\_\_