



## Georgia Dog Gym, LLC

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



### Puppy Kindergarten 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 (Class begins Weds. Jan. 10th at 6:30pm)
2. The Class Registration Form
3. **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 for \$125.00 (made payable to Georgia Dog Gym, LLC) should be mailed to the address listed at the top of this sheet. We encourage you to send it **before** the first class begins. 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. All **checks** are deposited **AFTER** your class begins. You may post date your check for the date of the first class. Cash and Credit Card payment are accepted, but deposited immediately.

#### Guidelines for Puppy Kindergarten Class

1. Your puppy must be 18 weeks **or younger** in order to be eligible to attend the 4 week course. Older puppies are enrolled in the 7 Week Basic Training Classes.
2. If your veterinarian is concerned about contagious diseases and recommends that you leave your puppy at home, you have the option to attend class without your puppy. You will learn so much that you can apply at home and you will be able to have your questions about your puppy answered by the trainer.
3. If you are bringing your puppy to class, make sure each week before you come that your puppy is feeling well. Puppies should not come to class if they have nasal discharge, fever, upset stomach, loss of appetite, lethargy, or if they are lame.
4. Classes will be conducted indoors at the Georgia Dog Gym. (Our facility is climate controlled). Arrive at least 15 minutes before class begins so that you can check in.
5. 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 puppy.
6. You will receive a Workbook for your class on Week 1. You will want to bring a pencil and pad to take notes. It is also helpful to keep a training journal throughout the course to record your progress.
7. We will discuss the equipment you will need for class on the first night of class. Our Pro Shop will be open after the class so that you can pick up what you need.

## 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 Puppy Kindergarten group training course to:

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

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

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

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

Consisting of the following:

**Four Week Puppy Kindergarten Training Course**

- Loose Leash Walking
- Sit & Down
- Coming When Called
- Housetraining
- Socialization
- Puppy Development
- Crate Training
- Puppy Behavior Problems

**Training Fee: \$125.00**

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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## Class Registration

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### Puppy Kindergarten Training Course Wednesday, January 10, 2018 at 6:30pm

Please complete the following:

Your Name: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_  
(Please indicate Home, Office, Cell, etc.)

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

Where did you get your dog?: \_\_\_\_\_ Age at that time?: \_\_\_\_\_

Age Now? \_\_\_\_\_

Where does your dog spend most of the day?: \_\_\_\_\_ Is your yard fenced?: \_\_\_\_\_

Where does your dog stay when you are not home?: \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

What do you feed your dog? (brand of food, treats, scraps, supplements, etc) \_\_\_\_\_

Please list any health problems you dog has: \_\_\_\_\_

Is your dog fearful? Please describe:

Has your dog shown any signs of aggression? Please describe:

Please write anything else we should know about you or your dog in order to help you with the training on the back of this sheet.



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## Health Information

**Note for the Veterinarian:** The client is asking that this form be completed in order to attend a 4 Week Puppy Kindergarten Class. While Georgia Dog Gym understands the health risks involved in exposing puppies at an early age, we are also aware of the need for educating our clients in puppy development & training, and believe in the benefits of early socialization and handling to prevent the onset of inappropriate or aggressive behaviors at a later age. Our Kindergarten course is designed so that owners with concerns about contagious disease can opt out of bringing their puppy to class and still get the benefit of the course curriculum.

**Note to the Client:** Please discuss with your veterinarian the health risks associated with a class environment and decide together if it is a good idea for you to attend class with your puppy or come to class each week and leave your puppy at home.

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

Puppy's Name: \_\_\_\_\_

### Vaccines

### Dates Given

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct. I also certify that the above puppy 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: \_\_\_\_\_