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## 4-week "Kids Training Dogs" Group Class Registration – Summer 2010

HeRo Canine Consulting LLC strives to strengthen your children's bond with your dog. We will help your children train and communicate with your dog effectively and teach them how to be safe around dogs. Parents will serve as "tethering stations" in class, while the children work with the dogs. The course is for children 9 years and older; and we will take a maximum of 4 children (one dog per child) per course.

**Classes will be held at Wagging Tail Doggie Day Care, 95 East 10th Street, Bloomsburg, PA 17815, tel. 570-784-9244.**

**IMPORTANT: Please do NOT bring your dogs to the first class, as this is an orientation and safety presentation with demo dogs! But please bring your dog's vaccination records.**

**You need to bring to session 2, 3 and 4:**

- Your dog and children ☺
- Snap, buckle or martingale collar, harness or head halter (please no choke chains, prong/pinch or shock collars)
- 6-foot nylon, leather or cotton leash (please no chain or retractable leashes)
- High-value treats (e. g. string cheese, hot dogs, chicken breast; cut into pieces, half the size of your fingernail). If your dog has any health restrictions, please contact your vet about appropriate treats.
- Your dog's favorite toy
- Dog bed, blanket or towel, big enough for your dog to lie on.

**Cost: \$80.00 (the book "Puppy Training for Kids" by Sarah Whitehead is included in the class fee)**

**Date and Time: Monday, July 5, 2010 at 6:30 pm (orientation without dogs), July 12, July 19 and July 26**

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**Class / Start Date / Time: "Kids Training Dogs" – Monday, July 5, 2010 at 6:30 pm**

Guardian's/Owner's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_

Phone Number Cell: \_\_\_\_\_

e-mail (please print clearly): \_\_\_\_\_

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered (please circle): Yes / No

Referred by (e. g. vet, another client, advertisement, etc.): \_\_\_\_\_

Does the child have any limitations or the dog any issues that the instructors need to be aware of:

\_\_\_\_\_

Referred by (e. g. vet, another client, advertisement, etc.): \_\_\_\_\_

Payment in full is required at the time of registration. The fee includes a \$30.00 non-refundable registration deposit. All discounts must be presented at the time of registration. **NO REFUNDS OF ANY FEES AFTER FIRST CLASS.** Each session runs approx. 45 minutes.

**Student Agreement:** I assume full responsibility for myself, my dog, the child in my care and for any attending family members or guests. I further agree to hold HeRo Canine Consulting, Wagging Tail Bed & Biscuit Inc., Richard E. Angelo Inc. and their agents, instructors and employees faultless for any illness, injury or loss that may occur to myself, to my dog or any attending family members or guests. I pledge to abide by the stated rules and will ensure the same of my companions.

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

-----Office use only-----

Paid Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Paypal \_\_\_\_\_ Taken by \_\_\_\_\_