



**Full Circle Training and Behavior, LLC, and The Animal Hospital of Oshkosh**

Oshkosh, WI 54904- 9232  
920- 233- 8193

1961 South Washburn Street  
Oshkosh, WI 54904  
920- 235- 2566



**Enrollment Form for Puppy Kindergarten Class Participants**

**Here is information about my puppy and my payment of \$110.00 for Puppy Kindergarten class. I understand that the class fee is not refundable.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Your name: \_\_\_\_\_  
Your street address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_

Please describe \_\_\_\_\_  
any allergies or \_\_\_\_\_  
medical conditions \_\_\_\_\_  
that would affect \_\_\_\_\_  
your puppy's work \_\_\_\_\_  
in class. \_\_\_\_\_

Your puppy's name: \_\_\_\_\_  
Your puppy's age: \_\_\_\_\_  
Your puppy's breed: \_\_\_\_\_  
How long have you had your puppy? \_\_\_\_\_

Is your puppy male or female? \_\_\_\_\_  
Is your puppy neutered? \_\_\_\_\_  
Where did you get your puppy? \_\_\_\_\_

Please list the three most important goals that you want your puppy to reach by the time this class is over

- 1.
- 2.
- 3.

Describe the training that your puppy has had before coming to this class.

Describe the types of exercise your puppy get during a typical week at your house.

Describe any concerns that you have about your puppy's behavior or training.





Positively the place  
to train your dog!

# Animal Hospital of Oshkosh and Full Circle Training and Behavior, LLC



## Hold Harmless and Indemnification Agreement

I understand that training dogs/puppies has inherent risks. Such training is inherently dangerous and can cause severe injury or even death. Many activities are inherent dangers, including but not limited to, the handling and disposition of both my dogs/puppies and others' dogs/puppies and the uncertainty of the terrain and facilities used for training. I further understand that the fees paid for training are set to take into consideration the risks that I accept as my responsibility. I accept full responsibility for the actions or omissions of myself, my dog/puppy and anyone attending class. Understanding the nature of the training, the schedule and the subject matter taught, I agree to hold Full Circle Training and Behavior, LLC, and The Animal Hospital of Oshkosh harmless from and to indemnify Full Circle Training and Behavior, LLC, and The Animal Hospital of Oshkosh for any harm or injury to myself, my dog/puppy, or anyone attending class with me.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Photo Permission

I give permission to Full Circle Training and Behavior, LLC, and The Animal Hospital of Oshkosh and their employees, agents and volunteers to take and publish photographs and/or videos of me in classes and training. I limit this permission to marketing and training efforts including websites. You (may) (may not) identify (me) (my dog) as a part of the publication.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Vaccination Testament To be completed by AHO staff

If you are not a client at The Animal Hospital of Oshkosh, please attach shot records from your veterinarian to this form.

Vaccinations: DHLPP \_\_\_\_ Rabies \_\_\_\_ Bordetella \_\_\_\_

Payment made by: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Enrolled in class starting \_\_\_\_\_