



S.T.A.R. Puppy Class

Presented by: DOOR COUNTY THERAPY DOG TEAMS, INC.

*2292 Hilly Ridge Rd., Brussels, Wisconsin 54204 * 920.495.2434 * TherapyDogsDC@yahoo.com*

**The AKC S.T.A.R. Puppy program focuses on everything a puppy and owner need to have a great start together.
STAR stands for Socialization, Training, Activity, and Responsible Owner.**

Sign up for Class or have Questions?

Contact Julie L. LaLuzerne

Call/text: 920.495.2434 or email: TherapyDogsDC@yahoo.com

What do you need to take the class?

- Six-foot leash
- Buckle collar (or non-corrective harness)
- Clean up kit for your dog (paper towel and/or wet wipes, bag for disposal, lint roller, hand sanitizer)
- Class fee (\$125)
- Vet-completed health verification form (attached)
- Handler/Dog Sign-In form (attached)
- Dog treats
- Dog rug or blanket

Training Schedule:

- Week 1 – Sit, Come, Potty Training issues.
- Week 2 – Down, Touch/Kiss, Biting, Settle
- Week 3 – Off, Watch, Leash, Jumping
- Week 4 – Stand, Basic First Aid, Grooming
- Week 5 – Leash, Fetch, “excuse me,” releasing objects, tug-o-war.
- Week 6 – Puppy Games/Puppy Graduation





SOCIALIZATION • TRAINING • ACTIVITY • RESPONSIBILITY

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ACK STAR PUPPY CLASS

Handler/Dog Sign-In Form

Please complete and bring it to the first night of class.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Dog's Birth Date: _____ Male _____ Female _____

Is your dog a registered Service Dog? Yes or No

Has your dog ever bitten a human? Yes or No

Has your dog ever been involved in a dog fight? Yes or No

Is your dog a rescue? Yes or No

Is there anything we should know about your dog?

Signature of Dog Handler: _____ Date: _____





SOCIALIZATION # TRAINING # ACTIVITY # RESPONSIBILITY

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Puppy Wellness Form

Please complete and bring it to the first night of class.

Member Name: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Veterinarian or Vet Clinic Staff – Complete this Section

The **wellness exam** was completed (within the past 12 months). Date: _____

A **negative fecal** exam was completed. Date: _____

DHLPP was given - Date: _____

Rabies vaccination – date given _____ 1 Year _____ 3 Year _____

Notice to Veterinarian - Rabies vaccination if age appropriate.

Rabies titer _____ Titer level _____ (It must be within the last two years and greater than or equal to 0.5 IU to be accepted)

You or your clinic examined the dog listed on this form, and it is believed that it was healthy and free of internal and external parasites on the date signed.

Veterinarian Signature/Clinic Stamp: _____

Date Signed: _____

