



# Open (CDX) Class

With Gail Puzon

Where: Augusta Kennel Club  
3970 East White Oak Rd  
Appling, GA 30802

When: The 6- week class will meet Tuesdays beginning January 2<sup>nd</sup>, 2024, from 9:30 a.m. to 10:30 a.m.

This class will prepare dogs for the Open level of obedience: heeling, retrieves, broad jump & high jump, command discrimination, drop on recall, stand stay, leaving and entering the ring, as well as mild to moderate proofing.

**Prerequisite: At least 2 novice legs toward CD title.**

For more information contact Gail Puzon at [gailpuzon47@gmail.com](mailto:gailpuzon47@gmail.com)

**\*\*This class will be limited to 6 dogs and handlers. \*\***

The Augusta Kennel Club strongly recommends the flu and kennel cough vaccines in addition to the other vaccines recommended by your veterinarian and required by law.

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To register for Open Preparation with Gail Puzon, please complete the form below by December 27th, 2023.

and return to : Carmen Armstrong 997 R and B Way Aiken, SC 29801 Checks should be made payable to: The Augusta Kennel Club  
[\$75 for members; \$125 non-members]

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DOG'S Breed/ Age/ Name \_\_\_\_\_

Prior training experience/ titles \_\_\_\_\_

I understand that dog training may involve risks to myself, members of my family, or my dog. I assume all risks associated with participating in training classes and will not hold The Augusta Kennel Club, it's members or instructors responsible in the event of injury to myself, family members, or my dog. I agree to comply with the instructions, rules and decisions of the training instructor, as it relates to me or my dog's ability to safely complete courses. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by my dog's actions. I understand that all dogs participating in the training classes of The Augusta Kennel Club must be free of any infections disease and must be current on all appropriate vaccinations, including Rabies, which is required by law.

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