



# All about PetCare

## Class Registration Form

Please complete the following packet and return with your registration fee (\$65) to:  
All about PetCare  
3410 Tytus Avenue  
Middletown, OH 45042

### Owner Information

Owner's Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

How did you hear about the class: \_\_\_\_\_

### Puppy/ Dog Information

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

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Where did you obtain your puppy/dog? \_\_\_\_\_  
(breeder, pet store, humane society, etc)

Have you had a puppy/dog before? YES \_\_\_ NO \_\_\_

Do you have other pets in the household? YES \_\_\_ NO \_\_\_

If yes, please list: \_\_\_\_\_

For what reason did you purchase or pick this puppy/dog?  
\_\_\_ Pet \_\_\_ Hunting \_\_\_ Protection \_\_\_ Family \_\_\_ Breeding \_\_\_ Other: \_\_\_\_\_

Are you having any specific behavioral or training problems so far?  
\_\_\_\_\_

What do you hope to get out of this class?  
\_\_\_\_\_



# **All about PetCare**

## **Class Waiver Statement**

I, \_\_\_\_\_, as a condition for registration of my pet and attendance at the Puppy Class training sessions offered at All about PetCare, do hereby release All about PetCare, its agents, servants, officers, directors and employees from liability arising out of participation in the classes. I understand and acknowledge that animals are, by nature, somewhat unpredictable, and I will not hold All about PetCare liable for any injuries that my puppy, my guests, or I may sustain while participating in this class.

I understand that my dog will be exposed to other dogs in the class. As a preventative measure, my dog is fully vaccinated against any illness that this environment can foster. I personally assume the responsibility for any and all veterinarian care necessary for my animal as a result of our participation.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if participant under 18 years)

\_\_\_\_\_  
Date



# All about PetCare

## Class Veterinary Health Form

If your puppy/dog is not a patient of All about PetCare, please have your veterinarian complete this form. In order to participate in class, your puppy must be up to date on all recommended DHPP (Distemper Parvo) boosters, Bordetella (kennel cough) and also have a Rabies vaccine if the Veterinarian determines the puppy is old enough.

Puppy Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_



### **Licensed Veterinarian to complete the following:**

Service	Date(s) Provided
Physical Examination	
DHPP (DA2PP)	
Bordetella	
Rabies	

I, \_\_\_\_\_, hereby certify that the above named puppy/dog has been examined and appears healthy and free of any signs of infection disease. I can verify the above vaccines were given to this puppy/dog at the dates listed.

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date