



All about PetCare

Puppy 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 Information

Puppy's Name: _____

Breed: _____ Sex: _____ Spayed or Neutered? _____

Veterinarian's name: _____

Where did you obtain your puppy? _____
(breeder, pet store, humane society, etc)

Have you had a puppy 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?

___ 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

Puppy 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

Puppy Class Veterinary Health Form

If your puppy 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 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 at the dates listed.

Veterinarian Signature

Date