



Puppy Kindergarten Registration

Your Name: _____ Puppy's Name: _____

Breed of Puppy: _____ Date of Birth: ____/____/____ Male or Female (circle one)

Address: _____ City: _____

State: _____ Zip: _____ Phone # (best # to reach you in case of cancellation): _____-_____-_____

Email address (for class confirmation) _____

Age of handler *if less than 16* (minimum handler age is 12; ages 12-15 must be accompanied by a parent or guardian)
Name of parent/guardian: _____

I am registering for the **6-week Puppy Kindergarten** class at the Manchester area office. I understand the classes are held in the basement with stairway access only and that the puppy should be between 12 & 24 weeks on first day of class. Registration fee: \$100.00. I would like to begin class on the following date (*Please put a check mark beside the class you would like to attend*):

Class Dates:

- Monday, October 8th, 2018
- Monday, October 29th, 2018
- Tuesday, November 6th, 2018

Meeting Times:

- 7:00 pm
- 5:30 pm
- 5:30 pm

Classes fill quickly, so please email [training@myshilohvet](mailto:training@myshilohvet.com) for availability.

Kindergarten puppies are required to have had at least one DHPP vaccine no sooner than 10 days prior to the first day of class and at least one Bordetella at least 5 days prior to the first day of class. Vaccines must be updated with boosters as needed as your puppy ages. Please attach a copy of your pup's vaccine records if your puppy is not a patient of our practice.

Vaccine Dates:

1st DHPP: ____/____/____ 1st DHLPP: ____/____/____ 2nd DHLPP: ____/____/____

Bordetella: ____/____/____ ____/____/____ Rabies (only given at age 12 weeks or older): ____/____/____

Puppies are required to have had a negative stool sample for intestinal parasites or to be undergoing treatment for parasites. Date of last stool sample: ____/____/____ Result: _____

Treatment if any: _____

If your puppy has been diagnosed with any transmittable diseases, including skin conditions, please state the diagnosis and the treatment:

What would you like to accomplish by taking this class?



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Please read and sign the following agreement as a condition of acceptance of this application:

I understand the attendance of puppy classes is not without risk of injury or illness to me, my dog, or any guests who accompany me to class. I hereby waive and release Wendy Hazenstab (instructor), her assistants, the Shiloh Veterinary Hospital, its owners and employees from any claim for injury or illness caused or allegedly caused directly in relation to attendance of class. I understand that by signing this form I am releasing Wendy Hazenstab, her assistants, the Shiloh Veterinary Hospital, its owners and employees from any liability for injury or damages occurring on the premises where classes are held before, during or after class.

I understand the class fee is for 6 consecutive classes, and if I miss a class there are no make-up classes and no refund will be granted.

I understand that photos or video footage may be taken during class for educational or marketing purposes. If I object to images being taken of me, my family or my dog I will communicate that to the trainer who will honor my wishes.

I understand that only humane methods will be used in the above mentioned classes and that no physical or emotional harm will intentionally be done to my pet while on the premises.

Signature: _____ Date: ____/____/____

Please complete and return this form in person or by mail to the address below. You may also scan a completed form and return it by e-mail to training@myshilohvet.com.

Wendy Hazenstab
Shiloh Veterinary Hospital
110 Morgan Lane
York, PA 17406

Payment may be made at the Shiloh Veterinary Hospital in the form of cash, check or a credit card. You may also mail a check or make a credit card payment over the phone.

Please make check payment to: ***The Shiloh Veterinary Hospital***. Submitting a registration form with payment is necessary to reserve a spot in the class.

Thank you—I look forward to working with you and your puppy!

Wendy