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Puppy Kindergarten Class

Completion of the form:

The form can be completed manually and then printed or alternatively you can save the document to your desktop, complete the 'grey areas' and then email.

YOUR DETAILS						
Name:		Address:				
Land-line:						
Mobile:		Email:				
Do you have any special requirements? Eg wheel chair access?						

						,	VETER	INAR	Y DETA	\ILS	5					
Veterinary practice:									Contact number:							
Veterinary address:																
YOUR PUPPY'S DETAILS																
Name:				Breed	l:						Sex:					
Age:		Da			ate of birth:						From what age has your puppy lived with you?					
	Date of first vaccination			Date of second vaccination			ond					Date your puppy is allowed on walks				
Is your puppy a rescue?				U Y U N			lf yes, plea	ase give	date of re-hor	ning &	k rescu	e centre:				
Is your puppy from a breeder?							lf yes, plea	ase give	name of bree	der:						
Does your puppy have any special requirements				□ Y □ N			lf yes, plea	ase give	name of bree	der:						

How would you describe your puppy's personality? Tick the appropriate									
Friendly	Shy/Nervous 🗌 Indepe	endent 🗌 Calm/	Placid	Excitable	Other				
What is the most effective reward for your puppy? Toys Treats Praise									
How do you show your puppy it has done something wrong?									
Additional comments you feel I need to know about your puppy?:									
Puppy Kindergarten Classes are held at Hillcrest Veterinary Clinic – Buckshaw Village. Please complete and return this form to: michelle.corrigan@leadingthewaypetcare.co.uk. Payment can be made by BACS or cheque.									
We also offer the following pet care service. Please ask me for further details.									
Group Dog Walk	Individual Walk 30 mins	Individual Walk 60 mins	Pet Ta	xi Pet Home visit					
Puppy Kindergarten Class	Puppy Play Club	Perfect Manners Puppy Class							