



Puppy Preschool
Country Side Veterinary Clinic
765-762-6212
Instructor: Melissa Pilarczyk, RVT
Email: mpilar00@outlook.com



Owner's Info

Your Name: _____ Email: _____

Your Address: _____

Your Phone: _____

Dog's Info

Dog's Name: _____

Breed: _____

Current Age: _____ Age When Acquired: _____

Sex: M F Spayed/Neutered: Y N Date: _____

Veterinarian: _____ Contact Phone: _____

Where did you acquire your puppy?

Breeder: _____ Shelter: _____ Friend: _____

Rescue: _____ Pet Store: _____ Other: _____

Does your puppy have any medical issues? If so, please list.

Does your puppy have any diet restrictions? If so, please list.

Is it ok to use peanut butter, cheese, meat products, etc. for training purposes? Y N

Do you have any children or other pets in the home? If so, please list.

Has your puppy ever interacted with other dogs off leash under your supervision? Y N

Are there any concerns/problems you have with your puppy's behavior?

Please describe what you would like to learn from this class.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I, the undersigned, in consideration of my participation in the training class conducted at Country Side Veterinary Clinic, do hereby agree to indemnify and hold harmless Country Side Veterinary Clinic, their employees, volunteers, and students, from and against any losses, costs, damages and expenses, including attorney's fees, arising out of or resulting from claims or suits, by or on behalf of any person, for any injury to me, a member of my family, and any guest invited by me who is permitted to attend training classes, and/or any injury to my dog, of whatever cause or nature, arising out of my participation in said training classes and related activities whether or not such injuries are caused in whole or in part by negligence or other fault of Country Side Veterinary Clinic, their employees, volunteers, and students.

I, the undersigned, represent that I am at least eighteen years of age, understand the obligations I am undertaking by this Agreement and am executing this Agreement freely and voluntarily.

Photo/Video/Email Release: By signing below, I agree to allow Country Side Veterinary Clinic to use class video and photos for educational or training purposes, such as slides, videos, and/or website, and to be contacted via email to announce schedule changes.

Signature of Owner: _____ Date: _____

A 50% deposit is required at time of registration to hold your spot in the class. Payment in full is required at the time of the first class. A refund minus \$25 will be issued if you must cancel your registration before the first class. No other refunds are offered.

* A 10% discount off the price of the course will be taken if you are a current client of Country Side Veterinary Clinic, making the five week course \$90 instead of \$100.