

Canine Good Citizen Class: Registration

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Name of owner: _____
Co-owner or spouse: _____
Children (names and ages): _____

Address: _____

Phone (day): _____ phone(pm): _____ best time to reach me: _____

Email address: _____

Vaccinations (minimum of 2 dhp-pv req'd) and date): _____

Rabies vaccination date: _____

Parasite exam/deworming if needed (must be current within 3 months) _____

Name of Pet _____ Breed: _____

Age and age acquired : _____

Where acquired (breeder, shelter ,stray...): _____

Other pets in home: _____

I own/rent my home circle one: single family home town home apartment

How is pet contained indoors (e.g. crate, single room, gated...): _____

How is pet contained outdoors (e.g. free, fenced, tie out...): _____

How long is pet alone during the day: _____

Who feeds and/or exercises the dog: _____

What type of food is provided and how often: _____

What type of exercise and how long (e.g. walks, jogs, hiking, ball tosses...): _____

How often is your pet exercised: several times/day, daily, weekly, occasionally, never

Do you plan to travel with your pet : _____

How is pet contained in car: _____

Date and Location of last Training _____

Name of your pet's Veterinarian and Veterinary Clinic _____

Waiver

I hereby waiver and release Vet Pet counseling, Shannon M. Kiley DVM, and

and their employees from any and all liability of any nature, for injury or damage which I or my dog may suffer from the actions of any dog including my own. I expressly assume the risk of such damage or injury while attending any training sessions, or any other function or while on the _____ and VetPet Counseling training grounds or the surrounding area.

Signature of owner or authorized agent(parent or legal guardian must sign for a minor)

*Signature*_____ *date*_____

CLASS RULES

1. An Adult must attend and participate in all classes with any minor under the age of 14.
2. There is only one handler at a time working the dog. Through the course of the class, family members may participate in the class or may trade off as the dog's handler. Due to limited space, we ask that young children remain at home.
3. We request that you pick up after your pet in and out of the building. Clean up tool will be provided.
4. Handlers and their family are not permitted in other areas of the hospital including, but not limited to , the pharmacy, boarding area and treatment/surgery suites.
5. Please wear enclosed footwear with a non-slip or rubber sole that will not slip off. We strongly discourage high-heeled shoes, sandals, and open toed shoes
6. All puppies must be on plain buckle collars(no pinch or chokers collars are permitted and 6 foot leash(no flexies!!!)
7. Bring a hungry puppy and your choice of soft treats or as directed by instructor

**VetPet Counseling and Shannon M. Kiley DVM is grateful to _____
_____ for the use of this facility. Please be responsible and follow the above rules. Any student not in compliance may be asked to leave the class without a refund.**