

Puppy and Me: Registration

VetPet Counseling Shannon M. Kiley DVM
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Zionsville Animal Hospital, 1305 Parkway Drive Zionsville, IN 46077

Name of owner: _____

Co-owner or spouse: _____

Children (names and ages): _____

Address: _____

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

Email address: _____

Name of pet: _____ vaccinations(type and date): _____

Parasite exam/deworming: _____

Breed: _____

Age: _____

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: _____

Have you or other family members ever owned a pet before _____ :
If yes: list types:

Has anyone in the house ever taken a dog to training classes prior to today:

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 tools 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.

