

Class Start Date.....



CAMBRIDGE VETS PUPPY PRE-SCHOOL REGISTRATION FORM

Date:

Owners Name:

Address:

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Phone Number (Home):

Phone Number (Work):

Mobile Number:

Email Address:

Puppy Name:

Age: Breed: Sex:

Are you a first time dog owner? Yes: No:

Are you a client with Cambridge Vets? Yes: No:

\$30 deposit on booking is non-refundable.



For Official Use Only

Weights: Week 1..... Week 2..... Week 3..... Week 4..... Week 5.....

Client #.....	Nexgard <input type="checkbox"/>	PPS Booklet <input type="checkbox"/>	Consent Signed <input type="checkbox"/>
	Mail List <input type="checkbox"/>	Rung <input type="checkbox"/>	Letter/Email <input type="checkbox"/>
Deposit: \$30	Charge <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cash/Eftpos <input type="checkbox"/>
Payment: \$70	Charge <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cash/Eftpos <input type="checkbox"/>
Pay in Full: \$100	Charge <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cash/Eftpos <input type="checkbox"/>
