# **Cambridge Vets**

## **Puppy Pre-school Class Registration Form**

Date...../...../.....

Owners Name:	
Address:	We look forward to seeing you at
Best contact number:	class soon!
Maximum number of people able to attend class with puppy: 1	
Puppy Name:	
Date of birth:	
Breed: Male / Female	
Vaccination status: My puppy has had at least ONE vaccination Yes / No	

### **General Social Media Consent**

We would love to photograph you and your gorgeous pet for the possible use on our Facebook page, website and in other clinic advertising media.

#### **Behaviour Nurse Consult**

I understand that included in the cost of the four week puppy course are two half hour behaviour nurse consult appointments. These appointments are to be used at an agreed booked appointment time for my dog when they are between the age of six months and 12 months.

**Deposit** - \$50 deposit is non-refundable.

**Client vaccine status**— The person attending class is fully vaccinated and their My Vaccine Pass has been sighted by a member of Cambridge Vets staff prior to attending class.

#### I have read and agree to the above details

Sign					Date///				
For Official Use Only									
Weights: Week 1 Week 2 Week 3 Week 4									
Client #									
	1 year old let	ter voucher		PPS Booklet		Welcome			
Class Photo Sent		Mail List		Rung		Confirmed			
Deposit:	\$50	Cash		Charge		Eftpos			
Payment:	\$90	Cash		Charge		Eftpos			
Pay in Full:	\$140	Cash		Charge		Eftpos			