

Cambridge Vets

Puppy Pre-school Master Class Registration Form

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

Owners Name:

Address:

.....

Best contact number:

Email Address:

Maximum number of people attending class: TWO

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 five 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 6 months and 12 months.

Deposit - \$50 deposit is non-refundable

I have read and agree to the above details

Sign

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

For Official Use Only

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

Client #.....

	1 year old letter voucher	<input type="checkbox"/>	PPS Booklet	<input type="checkbox"/>	Welcome	<input type="checkbox"/>				
Class Photo Sent		<input type="checkbox"/>	Mail List		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>			
Deposit:	\$50		Cash		<input type="checkbox"/>	Charge		<input type="checkbox"/>	Eftpos	<input type="checkbox"/>
Payment:	\$110		Cash		<input type="checkbox"/>	Charge		<input type="checkbox"/>	Eftpos	<input type="checkbox"/>
Pay in Full:	\$160		Cash		<input type="checkbox"/>	Charge		<input type="checkbox"/>	Eftpos	<input type="checkbox"/>