



Welcome to the Puppy Party!

Pet's Information

Pet's Name: _____ D.O.B: _____ Breed: _____

Color: _____ Gender: Female Male Unknown Is Your Dog: Neutered Spayed

Identifiers: (Microchip #, Tattoos, Special Marks, AKC #): _____

Acquired at what age: _____ Origin: Breeder Animal Control Rescue Group Stray
 Pet Shop Individual/Friend

Who is your puppy's veterinarian? _____

Date of last Vaccination/Deworming:

Deworming:	
Bordetella (Kennel Cough):	
Canine Distemper/Parvo:	
Rabies:	
Name/Date of Flea Preventative:	

Food: Dry Soft/Moist Canned Brands: _____

Treats/Supplements: _____

Do you currently have Pet Insurance? Yes No If Yes, which Company? _____

Tell us what you would like to accomplish in this class: _____

Owner Information

Owner Name: _____
Last First

Co-Owner Name: _____
Last First

Co-Owner Relationship: Spouse Parent Other: _____

Mailing Address: _____

Residence Address (if different): _____

Primary Phone Number: _____ Home Cell Work

E-mail Address: _____

How did you become aware of our Puppy Parties? _____

Personal Recommendation: (whom may we thank?) _____

In consideration of the acceptance of this registration, and the opportunity to have my dog participate, I agree to hold NVVA-Winchester, LLC D/B/A Linden Heights Animal Hospital harmless from any claim for loss or injury. I personally assume all responsibility and liability for any such claim. By signing this form I am allowing Linden Heights Animal Hospital to use class videos and photos for marketing materials, including the clinic website and social media pages.

Signature: _____ Date: _____