

# Pawsitively Pets Class Registration Form

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work

E-mail address to receive class materials: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  M  MN  F  FS

## Quick Pre-Class Questions:

Which veterinary clinic cares for your puppy? \_\_\_\_\_

Date of most current vaccinations: \_\_\_\_\_

Has your puppy had a Distemper/Parvo vaccine?  Yes  No

Has your puppy had a Bordetella vaccine (kennel cough)?  Yes  No

How did you hear about our classes? \_\_\_\_\_

Notes regarding puppy (any concerns you have prior to class):

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Client questions regarding class:

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**Please return this form to us prior to class at:**  
Amanda@PawsitivelyPetsOhio.com, or mail to:  
Pawsitively Pets, LLC  
2544 Earl Street  
Wooster, Ohio 44691