

## PUPPY KINDERGARTEN ENROLLMENT FORM

Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

I understand and agree that the Mountain Lore Animal Hospital, its' Employees and Assigns shall not be liable for any injury or damage to any person, animal or property which results from the training or behavior of my pet. I also understand and agree that any child under the age of 18 years old must be accompanied by an adult. I further agree that the Mountain Lore Animal Hospital and its' Employees and Assigns shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program and that I will be responsible for any damages my pet may do to other pets or people. The Mountain Lore Animal Hospital's pet training programs are unable to accept dogs that have had a history of aggression towards people and/or animals. The Mountain Lore Animal Hospital reserves the right to refuse or terminate training services to any pet at any time.

**I understand that for the safety of all pets, proof of current vaccinations must be presented at the first class in order to participate.**

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

Paid for Class \$\_\_\_\_\_ Amount Due:\_\_\_\_\_ Initials:\_\_\_\_\_

Proof of Vaccines: Rabies\_\_\_\_\_ DHPP\_\_\_\_\_ Bordetella\_\_\_\_\_