



Lakeville Family Pet Clinic

Puppy Class Registration Form

Owner Name: _____

Phone Number: _____ Email Address: _____

Pet Name: _____

Age: _____ Breed: _____ Gender: M F N S

Current Veterinarian: _____

Permission to obtain vaccine records? Y N

Does your pet have any physical or health problems which may affect training?

Top 3 Behavioral Concerns (if any): _____

Please list any commands your puppy already knows: _____

Can your puppy have the following? Check those that are allowed:

- Peanut Butter
- Squeeze Cheese
- Chicken-based Treats

Please add anything additional you would like the trainer to know about your puppy:
