



Puppy Socialization Class Registration Form

Note: Please mail or email your registration form to nicole.cottam@tufts.edu *before* the first class. You will be contacted to confirm that there is room for your pup in class.

Today's date:

Date of class you are registering for:

OWNER'S INFO:

Name of owner:

Address:

City:

State:

Zip:

Email address:

Home phone:

Cell phone:

Work phone:

Names and ages of human family members/friends attending class with pup*:

*children must be at least 3 years old to attend class

- 1.
- 2.
- 3.
- 4.

PUPPY'S INFO:

Name of pup:

Age of pup today:

Breed or mix (if known):

Sex of pup (if known):

Approximate weight of pup in pounds:

Has your puppy been to a veterinarian?

Name of veterinarian or veterinary practice:

Age of pup at first class (must be between 7-16 weeks of age at first class):

Method of puppy attainment: (check one)

- Shelter
- Rescue
- Pet Shop
- Breeder
 - local breeder (you picked up your pup)
 - remote breeder (and your pup was shipped to you)

How long will your puppy have been in your home before starting class?
(2 weeks recommended if non-local breeder, 1 week if a local breeder)

Has your puppy interacted with any non-fully vaccinated dogs or cats?
(E.g. at dog parks, veterinary hospital or pet stores)

Has your puppy been dewormed?
(all puppies need at least one deworming *before starting class*)

Has your puppy had any vaccines?
(all puppies need one set of vaccines consisting of distemper, hepatitis, parvo, parainfluenza complex, at *least 7 days prior to class*)

Is your puppy displaying any of the following signs of illness?

- excessive coughing
- excessive sneezing
- ocular discharge
- vomiting
- diarrhea
- loss of appetite

If yes, please briefly explain:

Briefly list any concerns you are having with your puppy's behavior:

How did you hear about Tufts Puppy Socialization Class:

- internet
- local vet referral
- flier
- word-of-mouth
- other:

PAYMENT INFORMATION:

Cost = \$156 for 6 sessions

Payment forms accepted: credit card personal check

1. Personal checks should be made payable to *Trustees of Tufts*.

Please mail your registration form and check to:

Tufts Cummings School of Veterinary Medicine
200 Westboro Road
North Grafton, Ma 01536
Attn: Nicole Cottam

*or bring your check to the first class

2. Credit Card Payment can be made by phone, fax, mail or email it to:

nicole.cottam@tufts.edu

Phone (508) 887-4802 (9am to 4:30pm)

Fax (508) 839-8734

Credit Card Type:

VISA

MasterCard

Discover

American Express

Name on Card:

Credit Card Number:

Expiration Date:

*or bring your credit card information to the first class