Puppy Play School ENROLLMENT APPLICATION

OWNER INFORMATION

| OWNER INFORMATION | | | | | | |
|---|-----------------------|--|--|--|--|--|
| | | | | | | |
| Name: | Date: | | | | | |
| Address: | | | | | | |
| City/State/Zip | | | | | | |
| Home Phone: | Work Phone: | | | | | |
| Mobile Phone: | Other: | | | | | |
| Email: | | | | | | |
| | | | | | | |
| Spouse: | | | | | | |
| Work Phone: | Mobile Phone: | | | | | |
| Email: | | | | | | |
| | | | | | | |
| | NCY CONTACT & RELEASE | | | | | |
| (In case of emergency, additional person(s) that your dog can be released to with proper ID | | | | | | |
| | and your consent) | | | | | |
| Primary Emergency Contact: | | | | | | |
| Relationship: | | | | | | |
| Telephone: | | | | | | |
| 1 | | | | | | |
| Secondary Emergency Contact: | | | | | | |
| Relationship: | | | | | | |
| Telephone: | | | | | | |
| | | | | | | |
| YOUR VETERINARIAN | | | | | | |
| | | | | | | |
| Clinic Name: | | | | | | |
| Veterinarian: | | | | | | |
| Address: | | | | | | |
| City/State/Zip: | | | | | | |
| Telephone: | | | | | | |
| | | | | | | |
| Name pet's records are under: | | | | | | |

| | PET INFO | DRMATION | | | |
|---|----------------------|------------------------|---------------|------------|-------------|
| | | | | | |
| Pet's Name: | | Breed / Mix: | | | |
| How long owned: | | Where obtained: | | | |
| Date of Birth (if known): | Age: | | Weigh | t: | |
| | | | Obtain by: | led | |
| | Spayed/Neutered*: | Microchip: | | # | |
| Description (color and | markings): | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | HEALTH & V | ACCINATION | NS | | |
| All puppies MUST l | be in good health an | d free from any | , commu | nicable c | onditions |
| Puppies must have on heir veterinarian. Ple visit to the vet. | ase provide MHS w | ith copies of th | | | • |
| Please list the dates of | the following vaccin | nations: | | | |
| Rabies (>12wks): | | Next Due: | | | |
| Distemper/Parvo: | | Next Due: | | | |
| Bordetella: | | Next Due: | | | |
| Negative Fecal: | | Date: | | | |
| riegative recai. | | Date. | | | |
| Proof of the above vac | _ | IRED from yo aycare | ur Veter | inarian te | o participa |
| Flea & Tick Preventative: | | Next Due: | | | |

All puppies MUST be free of fleas and on current flea preventative to participate in daycare

Thank you for choosing the Puppy Play School at the Monadnock Humane Society.

We strive to create a positive, clean, safe and fun experience for every pup participating in school and play activities.

Best of all, your participation helps the Monadnock Humane Society continue providing high quality of care not only for your own pet but for the animals in the animal care center.

MONADNOCK HUMANE SOCIETY

Boarding and Daycare Retreat 101 West Swanzey Road Swanzey, NH 03446

603-352-9011 x 105