

# Welcome to the party!

## COLLEGE VILLAGE ANIMAL CLINIC, INC.



### PUPPY PARTY REGISTRATION

#### PET'S INFORMATION

Pet's Name:		Date Of Birth:	
Breed:	Color:	<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Identifiers: (Microchip #, tattoos, special marks, declawed, AKC #)			
Acquired at what age:	Origin:	<input type="checkbox"/> Breeder	<input type="checkbox"/> Animal Control <input type="checkbox"/> Stray <input type="checkbox"/> Pet Shop <input type="checkbox"/> Individual/Friend
Has your pet ever traveled/lived out of Alaska? <input type="checkbox"/> No <input type="checkbox"/> Yes (States and approximate dates)			
Who is your puppy's veterinarian?			
Date of last Vaccination/ Deworming:	Deworming:		
	Bordetella (Kennel Cough):		
	Canine Distemper/Parvo/Corona:		
	Rabies:		
Food:	<input type="checkbox"/> Dry <input type="checkbox"/> Soft/Moist <input type="checkbox"/> Canned	Brand(s):	Treats/Supplements:
Do you currently have Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which company?			
Please tell us what you would like to accomplish in this class?			

#### OWNER INFORMATION

Owner Name: (Last)	(First)	(MI)
Co-Owner Name: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other (Last)	(First)	(MI)
Mailing Address:		
Residence Address (if different):		
Primary Ph#:( )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alt.Ph#:( ) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alt.Ph#:( )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	E-mail:
How did you become aware of our puppy parties?	<input type="checkbox"/> Personal Recommendation: (whom may we thank?)	

Has your pet ever traveled/lived out of Alaska? <input type="checkbox"/> No <input type="checkbox"/> Yes (States and approximate dates)	
In consideration of the acceptance of this registration, and the holding of classes, and the opportunity to have my dog participate, I agree to hold College Village Animal Clinic, Inc. harmless from any claim for the loss or injury. I personally assume all responsibility and liability for any such claim. By signing this form I am allowing College Village Animal Clinic to use class videos and photos for marketing materials, including the clinic website and social media pages.	
Signature:	Date: