

# Country Pets Bed N Breakfast & Training

## Puppy Kindergarten

\$60 for 6 wk course  
Puppies 12 weeks to 6 months

Puppies must be 12 weeks to 6 months of age at the first class session to enroll in Puppy Kindergarten. Puppies need only have age appropriate shots. Enrollment cannot be accepted unless Payment & Proof of Vaccinations is enclosed. (Please use the official form provided).

Your Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_ Dog's Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail (print very clearly): \_\_\_\_\_

**Vaccination form MUST accompany the Puppy Enrollment Form. Each time that your puppy receives a booster, you must provide documentation to remain enrolled in class. This policy is strictly enforced for the protection of each dog enrolled. Thank you for your cooperation.**

In consideration of the acceptance of this application, the owner and handler hereby releases and agrees to hold harmless Country Pets Bed & Breakfast & Training, LLC., its officers, instructors and board of directors thereof, from any liability for damages or loss, if any, suffered or sustained by the owner or handler of dogs as a result of personal injury or property damage occurring in connection with or during such training. This registration fee is applicable ONLY to this session and is refundable ONLY PRIOR TO THE FIRST CLASS, after that date NO REFUNDS WILL BE MADE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail enrollment form, Vaccination form & payment, to:

Kristal Couch

24512 S 4350 Rd Vinita, OK 74301

918-373-2519

countrypetsbnb@gmail.com

### Office Use Only

Date:

Amount:

Chk#:

Conf'd?

Initials:

**Certificate of Vaccination  
For  
Puppy Kindergarten Enrollment**

Please complete and submit with your Puppy Enrollment Form. This is the ONLY form the we will accept as proof of vaccinations. It MUST be signed by your veterinarian to be accepted. Enrollment will NOT be accepted for Puppy Kindergarten class without an accompanying Vaccination Certificate. Please note that puppies need only have AGE APPROPRIATE vaccinations.

Please print clearly:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Puppy's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Vaccination History:

Vaccine	Date	Administered by (circle one)
Distemper/Parvo		Breeder, Shelter/Rescue, Vet
Distemper/Parvo		Breeder, Shelter/Rescue, Vet
Distemper/Parvo		Breeder, Shelter/Rescue, Vet
Rabies		Shelter/Rescue, Vet
Other Vaccines		Breeder, Shelter/Rescue, Vet

This is to certify that I, \_\_\_\_\_ (veterinarian's name), have examined the animal described above on \_\_\_\_\_ (date) and determined it healthy and physically able to participate in puppy kindergarten class. I further certify that I have vaccinated this animal with the vaccine(s) described below on the following dates:

Vaccine Administered: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vaccine Administered: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vaccine Administered: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vaccine Administered: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_