



Shamrock Pet Resort

and

Sauk Prairie Small Animal Hospital
AAHA Member Hospital
E11340 County Rd PF
Prairie du Sac, WI 53578
(608) 643-2451 Fax (608) 643-2647
spsmallanimal@aol.com

TRAINING PROGRAM APPLICATION

CLIENT'S INFORMATION:

Name _____ Email _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Day phone _____ Cell _____

DOG'S INFORMATION:

Name _____ Breed _____ Birth date _____ Weight _____

Sex: __ M __ NM __ F __ SF Age when acquired? _____ How long have you had your dog? _____

From where did you get your dog? _____ Is your dog potty trained? _____

What is your dog's training history, and with whom? _____

Other important information, including any restrictions on your dog's activities or movement?

What classes are you interested in? _____

How did you hear about our training classes? _____

We require **written proof** from your veterinarian of current vaccinations given by a licensed veterinarian. For the safety of your pet and other pets joining the class we require that your pet be current on the following throughout the course:

- Rabies
- Distemper
- Bordetella
- Leptospirosis
- Negative fecal test within the last year
- Monthly application of flea and tick control product

Written proof of vaccines, given by a veterinarian, is required with your "Training Class Contract."

Current veterinarian: _____

HEALTH AND TEMPERAMENT CERTIFICATION

I, _____, hereby certify that my dog _____ is in good health and has not been ill with any communicable diseases in the last 30 days. I further certify that my dog has not harmed or shown aggressive behavior toward any person or any other dog.

Signature of Owner _____ Date _____