



PO Box 5181, (140 Swanport Road)
Murray Bridge SA 5253
Phone: (08) 8531 4000 ALL HOURS

Fax: (08) 8531 4099 Email: mbvet@lm.net.au www.murraybridgevet.com.au

MBVC Puppy Preschool *Client Profile*

Your name(s):.....

Address:.....

Best contact number(s):.....

Email:.....

Number of people attending class (inc. children's age):.....

Have you attended formal training with any dog before? Yes No

If "yes", what type: Correction (choker chain) Positive Reward Based Combination

Do you have any medical conditions that may impact on training? (e.g. mobility, sight or hearing conditions)
.....
.....

What age children do you have at home? None 0-5 5-10 10-14 14-18

Which of the following best describes the property you and your dog live on?

Flat/unit House and average yard Property (up to 5 acres) Farm

Puppy's name:..... Breed:.....

Age:.....wks/mths/yrs Sex: M / F Desexed: Yes No

Approx height:..... Approx weight:.....

Last Vaccination date and type:.....

Age of dog when obtained:..... wks/mths/yrs No. of litter mates (if known).....



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Is this your first dog? Yes No Is this your only dog? Yes No

If you have other dogs, what breed, age and sex are they?.....

.....
.....

When you are home will your puppy usually be: only outside only inside both

When your puppy is left alone, is he/she: only outside only inside both

What was the main reason for getting your new puppy?.....

.....

What are your main reasons for attending puppy preschool?.....

.....

I Give permission for my puppy's photo to be taken at graduation and for the staff at Murray Bridge Veterinary Clinic to use my puppy's photo for media purposes.

Name..... Signed:.....

Due to the popularity of our puppy preschool classes and restricted number of attendants we kindly request payment for the course when booking into class.

PLEASE RETURN THIS FORM AT LEAST ONE DAY PRIOR TO THE FIRST CLASS BY POSTING OR DROPPING INTO THE CLINIC OR EMAIL MBVET@LM.NET.AU