



Especially for Pets

Dog Training Program Registration Form

updated 5.5.2016

General Information

Today's Date _____ Class Start Date _____ Class Level _____

Location _____ Class Time _____ Instructor _____

Owner's Name _____ Best Contact Phone # _____

Address _____ Email Address _____

Dog's Information

Name _____ Breed _____ Age at First Class _____ Gender _____ Spay/Neutered _____

Previous obedience classes Level _____ Location _____ Trainer _____

Is your dog aggressive towards people or other dogs. If "yes" please explain _____

Vaccine Requirements for Grooming and Dog Training Classes

Age	Requirements	Stool Sample Results	Wait Period	Titers/Dogs With Health Issues
Under 12 Weeks	1 DHPP 1 Kennel Cough results of a negative stool sample	If results are positive, we will accept a letter from your veterinarian stating that your puppy is receiving appropriate medication.	A 7 day wait period is required before a recently vaccinated dog can enter a class or our grooming.	Titers will be accepted when accompanied by a letter from the veterinarian who submitted the titer. If your veterinarian feels that vaccinating your dog is a health risk, please submit a letter that clearly outlines the health issues that prohibit vaccination. Submitted letters must be a signed/stamped and or embossed document from your veterinarian.
12 weeks - 6 Months	2 DHPP 1 Kennel Cough results of a negative stool sample			
6 Months - 1 Year	2 DHPP 1 Kennel Cough Rabies			
Over 1 Year	Up to date DHPP vaccine Up to date Rabies vaccine Kennel Cough Annually			

•Vaccine submissions can be made in person or via fax or email to vaccines@especiallyforpets.com. For email, state the store location in the subject line. For fax, call the store to ensure it is received. Please submit a copy of vaccine certificate at least three days prior to the start of class or grooming appointment.
•Kindly leave your pet at home if he has any respiratory, gastrointestinal, parasites or skin issues.

We appreciate your cooperation in our efforts to keep all of our clients safe.
Pets that do not comply with our vaccine requirements will not be permitted in our grooming or training class.

Veterinarian _____ Phone _____

Vaccine Dates: Rabies _____ DHPP _____ (or 3 year titer) _____ Kennel Cough _____ Stool Sample (pups under 6 mos.) _____

Amount Paid _____ Coupon Amount _____ Form of Payment _____ Sales Associate _____

Acton

444 Great Road
Acton, MA 01720
t 978.264.4444
f 978.264.0084

Canton

95 Washington Street
Canton, MA 02021
t 781.828.8900
f 781.828.8981

Medway

67 Main Street
Medway, MA 02053
t 508.533.0275
f 508.533.0276

Newton

1185 Chestnut Street
Newton, MA 02464
t 617.964.7387
f 617.243.3982

Sudbury

424 Boston Post Road
Sudbury, MA 01776
t 978.443.7682
f 978.443.4407

Wayland

44 Main Street
Wayland, MA 01778
t 508.647.6923
f 508.647.6925

Westborough

153 Turnpike Road
Westborough, MA 01581
t 508.366.9696
f 508.366.9672