## **In-Processing Contract**



Pup's Name:	Age:	
Breed:		
		Date rabies were given:
Is your pup on current flea treatmer	ntYesNo	
List any medical condition or currer	t medications:	
Behavioral problems or concerns (i	f any):	
Owner's Name:	Phone Number:	
Email:		
Address (street, city, state, zip,)		
List of classes: (Please circle tl	20 one vour pun is sign	sing up for)
-Basic	– A.L.T. Puppy/Adult	-Agility tricks
-AKC CGC prep	-A.I.T. (Private class)	-PowerHours/Seminars
Virtual In-Person		
Start Date:	Start Time:	

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## What to bring to class:

Proof of vaccines	- Leash 4-6ft (NO retract	able or chain)	-Comfy shoes		
Collar/harness (NO prong/p	inch or chain) – Trea	ts or highly value toy			
Bring this form and current p	roof of vaccines to your fir	st day of pup training.			
class. If unsatisfied you will be g	given the option to do the cla r money refunded to you. In	ss again at no charge, tak order to have a refund Vet	s'N'Pets policy is that you must		
By signing this form, I, hereby understand that Vets'N'Pets and its employees cannot be held accountable for, but not imited to dog bites to you or your dog, injuries while taking a class to you or your dog and any accidents and or damages done while undergoing training classes with Vets'N'Pets.					
f the participant is under 18 years old, I, the undersigned, represent and affirm that I am the parent or legal guardian of the Participant, and I do hereby consent and give my permission to all the provisions of this release on behalf of he Participant.					
Name of Participant (Please	Print)	Signature of Particip	ant (or parent or Guardian)		
Name of Parent or Guardian	, if Participant is under 18		Date		