

START FORM

600 West Woodbury Rd.
Altadena, California
91001
scott-foxpuppypreschool.com

SCOTT-FOX



**PUPPY
PRESCHOOL**

WHERE THE
PUPPY YOU FELL
FOR BECOMES THE
DOG YOU LOVE

Puppy's name: _____

M ___ F ___ Age: _____ Birthday: _____

Breed: _____

Full Day ___ Half Day 8-12 _____ Half Day 1:00-5:00 _____

Color & Markings _____

Owner's Full Name: _____ Email Address: _____

Address: _____

Home Phone #: _____ Mobile #: _____ Work Phone #: _____ Other: _____

Co-Owner's Full Name: _____ Email Address: _____

Address: _____

Home Phone #: _____ Mobile #: _____ Work Phone #: _____ Other: _____

Emergency Contacts (local) _____

Emergency Contacts (out-of-state) _____

Veterinarian Name _____ Phone # _____

In the event that SFPP may need to review my puppy's medical records, or discuss any medical issues, I hereby authorize this veterinarian to release my puppy's vaccination/medical records and to discuss my puppy's health history and status and/or medical condition(s) with SFPP:

Signature: _____ Date: _____

PRINT Owner's Name: _____ Puppy's Name: _____

HEALTH

Does your puppy have any of the following?

Allergies _____

Food sensitivities or dietary restrictions _____

Medical conditions or disabilities _____

Do you want us to feed your puppy mid-day? No _____ Yes _____

Feeding instructions (brand, amount, preparation, etc.)

If your puppy has ever been diagnosed with, treated, an/or vaccinated for any of the following,

please provide dates and explain:

Distemper: _____

Parvo Virus: _____

Kennel Cough or Bordatella: _____

Fleas, ticks, mites and/or mange: _____

Worms: _____

Any other communicable disease or condition: _____

Is your puppy currently taking any medications? If so please list and state reason: _____

If you need Scott-Fox Puppy Preschool to administer any medications to your puppy, please complete the "Special Health Care Request" form.

BEHAVIOR

What kind(s) of play does your puppy seem to like? Tug _____, Chew _____, Chase, _____

Other _____

Is your puppy generally shy or outgoing? _____

Is there anything else you would like us to know about your puppy? _____

The information I have provided to SFPP on this form and other forms, is true and complete to the best of my knowledge.

Signature: _____ Date: _____