

START FORM

(626) 765- 9825

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

Puppy's name: _____

M F Age: _____ Birthday: _____

Breed: _____ Color/Markings: _____

Microchip number: _____ Company: _____

Full Time Part Time: _____

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 # _____

Address _____

In the event that Scott-Fox Puppy Preschool may need to review my puppy's medical records, or discuss any medical issues, I hereby authorize the veterinarian named above to release my puppy's vaccination/medical records and to discuss my puppy's health history and status and/or medical condition(s) with Scott-Fox Puppy Preschool:

Signature: _____ Date: _____

(PLEASE PRINT) Owner's Name: _____ Puppy's Name: _____

SCOTT-FOX



**PUPPY
PRESCHOOL**

WHERE
THE PUPPY
YOU FELL FOR
BECOMES THE
DOG YOU LOVE

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, and/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 ask a staff member for a "Special Health Care Request" form.

BEHAVIOR & TRAINING

What word would you like us to use to cue your puppy to eliminate outdoors?

potty pee pee tinkle get busy Other: _____

How are you house training your puppy? Please explain and indicate any equipment you are using (e.g., crate, exercise pen, potty pads, etc.) _____

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

Other _____

Is your puppy generally shy or outgoing? _____

What other facilities, Play Groups or Classes is your puppy attending? _____

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

The information I have provided to Scott-Fox Puppy Preschool on this form and other forms, is true and complete to the best of my knowledge.

Signature: _____ Date: _____