

Dances With Dogs Puppy Nursery School

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APPLICATION FOR ENROLLMENT

Pup's Name: _____ **Breed:** _____ **Application Date:** _____

Pup's Current Age & Weight: _____

Pup's Date of Birth: _____

How Did You Learn about DWD?: _____

Owner(s) Name(s): #1 _____ **#2** _____

Mailing Address: _____

Daytime Work Locations of Owner(s): _____

Names & Ages Of All Other Household Members (including other pets):

Phone Numbers:

Owner #1: Home _____ **Work** _____ **Cell** _____

Owner #2: Home _____ **Work** _____ **Cell** _____

Email Addresses (to reach you and/or send school info):

Owner #1: _____ **Owner #2:** _____

Other Adults Authorized to Pick Up Your Pup:

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Emergency Medical Information:

Pup's Vet Clinic: _____ **Address:** _____

Phone: _____

**Copy of immunization record required at start of school. In addition to standard immunizations, proof of immunization against Kennel Cough (Bordatella) required*

ABOUT YOUR PUP

How Did You Acquire Your Pup: _____

Age of Pup When Acquired By You: _____

Any problems with feeding, digestion or elimination of waste to date?: _____

Is Your Pup Housebroken?: _____ **Please share any challenges you are experiencing with housebreaking:** _____

Does your pup have any medical conditions we should know about: _____

Is your pup on any medications (please list): _____