



St Francis Vets Puppy Training Registration Form

OWNER'S DETAILS

Title: _____ First Name: _____ Surname: _____

ID: _____

Postal Address:

_____ Code: _____

Telephone Numbers (H) _____ (W) _____

Cell: _____ E-mail: _____

PUPPIES DETAILS

Name: _____ Breed: _____ Male Female

Age: _____ Today's date is: _____

Please mention any physical abnormalities or diseases that your puppy may be suffering from: _____

The name of your vet: _____ Date of last vaccination: _____

Has your pet been exposed to other pets before?

****Kindly attach a copy of your pet's vaccination card upon returning this form to
reception@stfrancisvets.co.za****

****Please note that your all your pets' vaccinations need to be up to date****

I will not hold the organisers, instructors, sponsors, or any of their employees, the property owners or any other party liable for any loss or injury whatsoever or death that may occur whilst attending this course.

Signature: _____

**Do you provide St Francis Veterinary Hospital with permission to post pictures on social
media of your pet: YES/NO**

PLEASE NOTE:

Should you be unable to attend a class, unfortunately due to a tight schedule this class will be forfeited. It is therefore vital to diarise training dates to ensure that your pet fully benefits from the course.

In the case of rain or thunderstorms, the class will be postponed to the following weekend. Thank you for your understanding.