



## Puppy Graduate Class Registration Form

Please fill out and send with \$65.00 payment to:

Animal Hospital of Oshkosh  
1961 S. Washburn Street  
Oshkosh WI 54904  
(920) 235-2566

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Dog's Name \_\_\_\_\_

Dog's Breed \_\_\_\_\_

Dog's Age \_\_\_\_\_

Dog's Sex

**Male (intact)**  
**Male neutered**  
**Female (intact)**  
**Female spayed**

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I understand that this deposit is non-refundable.

I hereby agree that the Animal Hospital of Oshkosh, LLC, Judith Michels of Companions For Life, or Barb Stanek of Full Circle Training and Behavior, shall not be held responsible for any harm or injury to myself, my dog, or my guests.

I accept full responsibility for myself, my guests, and for my dog and their actions.  
I assume full responsibility for utilizing any training methods or recommendations.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

(complete back side)

# Questionnaire

How long have you owned your dog?

Do you have any other pets?

Is your dog around children?

Is your dog fearful or aggressive to adults or children?

Is your dog fearful or aggressive to other dogs? To other pets?

Any specific problems?

What would you like to accomplish in this class?

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**For Instructors Use Only: (DO NOT FILL OUT)**

Vaccinations:      DA2PP\_\_      Rabies\_\_      Bordetella\_\_

Fee: \$65.00

Date Paid\_\_\_\_\_      Paid by check #\_\_\_\_\_      Cash\_\_\_\_      Credit Card\_\_\_\_\_

Starting Date of Class\_\_\_\_\_