



Nidder Pty Ltd trading as Murray Bridge Veterinary Clinic ABN 34 007 931 875

**PO Box 5181, (140 Swanport Road)**

**Murray Bridge SA 5253**

**Phone: (08) 8532 2333 ALL HOURS**

Fax: (08) 8531 0303 Email: mbvet@lm.net.au www.murraybridgevet.com.au

## **MBVC Puppy Preschool Client Profile**

Your name(s):.....

Address:.....

Best contact number(s):.....

Email:.....

Number of people attending class (inc. children's age):.....

Have you attended formal training with any dog before? Yes  No

If "yes", what type: Correction (choker chain)  Positive Reward Based  Combination

Do you have any medical conditions that may impact on training? (e.g. mobility, sight or hearing conditions)

.....  
.....

What age children do you have at home? None  0-5  5-10  10-14  14-18

Which of the following best describes the property you and your dog live on?

Flat/unit  House and average yard  Property (up to 5 acres)  Farm

---

Puppy's name:..... Breed:.....

Age:.....wks/mths/yrs Sex: M / F Desexed: Yes  No

Approx height:..... Approx weight:.....

Last Vaccination date and type:.....

Age of dog when obtained:..... wks/mths/yrs No. of litter mates (if known).....

Is this your first dog? Yes  No  Is this your only dog? Yes  No

If you have other dogs, what breed, age and sex are they?.....  
.....  
.....

When you are home will your puppy usually be: only outside  only inside  both

When your puppy is left alone, is he/she: only outside  only inside  both

What was the main reason for getting your new puppy?.....  
.....

What are your main reasons for attending puppy preschool?.....  
.....

---

I Give permission for my puppy's photo to be taken at graduation and for the staff at Murray Bridge Veterinary Clinic to use my puppy's photo for media purposes.

Name..... Signed:.....

**Due to the popularity of our puppy preschool classes and restricted number of attendants we kindly request payment for the course when booking into class.**

At payment you will be given a free dose of Sentinel Spectrum which is a heartworm, intestinal worm and flea preventative, please give this dose the **day before** the first class.

**PLEASE RETURN THIS FORM AT LEAST ONE DAY PRIOR TO THE FIRST CLASS BY POSTING OR DROPPING INTO THE CLINIC OR EMAIL MBVET@LM.NET.AU**