Puppy Kindergarten

“For: Puppies under 14 weeks old at the start of class.

When: Puppy Kindergarten includes an orientation class and four socialization classes. Classes meet at 6:30 p.m. for one hour once a week.

The orientation class is for owners only – do not bring your puppy to class on the first day.

Upcoming start dates are:

2017 Tuesdays
January 10
February 28
April 4
May 30
August 22
October 10

2017 Thursdays
January 26
March 16
May 18
July 6
August 17
October 19

Where: Ohio State Veterinary Medical Center. Call 614-292-3551 for directions, if needed.

Fees and Payment: $120 ($10 off with Ohio State staff or student ID). Please enclose the registration form, a check or money order payable to The Ohio State University, and a copy of your current BuckID or any coupons (if applicable) and mail or drop off to:

Puppy Kindergarten
The Ohio State University Veterinary Medical Center
601 Vernon L. Tharp St.
Columbus, OH 43210-1089

Enrollment: An email acknowledgment will be sent when registration and payment are received. A final email confirmation of your puppy’s enrollment will be sent no later than one week prior to the start of class.

Please note: Sending in a registration form does not guarantee enrollment. Class size is limited.

All owners must submit the completed veterinary health form (on page 2) before the first class that puppies attend (week 2), showing proof of vaccination and a healthy physical exam at least seven days prior to the puppy’s first day of class.

Contact: puppyclass@osu.edu

Additional Info: For extra forms and additional information, see the Ohio State Veterinary Community Practice web site: vet.osu.edu/vmc/puppy-kindergarten
Veterinary Health Form

Puppy’s name ____________________________
and date of birth ____________________________
Owner’s name ____________________________
Phone ____________________________
Address ____________________________

Licensed veterinarian to complete the following:
Veterinarian’s name, address and email
________________________________________
________________________________________

Physical exam – date received ____________________________

Vaccination requirements: First vaccine must be given at least seven days prior to the puppy’s first day of class.

DHPP (DA2PP) – date received ____________________________
Bordetella – date received ____________________________

I certify that I have examined and vaccinated the animal above on the noted date(s) and at the time of examination found the puppy to be in good health and free of any communicable diseases that would prevent the puppy’s participation in a group puppy socialization class.

Veterinarian’s signature and date ____________________________

Registration Form

Session start date ____________________________

Owner’s name, ____________________________
phone number, ____________________________
address ____________________________
________________________________________
________________________________________

Email ____________________________

Puppy’s name ____________________________
and date of birth ____________________________
Puppy’s breed ____________________________
and gender ____________________________
Veterinarian’s name, phone number and email
________________________________________

Have you owned a dog before? ____________________________

Please list the names of the people attending class:
________________________________________
________________________________________

In consideration of the acceptance of this registration, I agree to hold The Ohio State University Veterinary Medical Center, their staff and students, harmless from any claim for loss or injury to person, dog, or property. I personally assume all responsibility and liability for any such claim.

Owner’s signature and date ____________________________

vet.osu.edu/vmc/puppy-kindergarten