



Playgroup Registration Form

HUMAN INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Please list names and ages of all humans in your household:

How did you hear about Purrfect Paws Animal Behavior Center, LLC?

CANINE INFORMATION:

Name: _____ Breed: _____

Age: _____

MALE FEMALE Neutered/Spayed? YES NO

Where did you get your dog? _____

How long have you had your dog? _____

You must show proof to Purrfect Paws Animal Behavior Center, LLC that the following vaccinations are current or your dog has acceptable titers. Your dog will NOT be admitted to playgroup without proof of vaccinations, NO EXCEPTIONS. We also ask that your dog is free from fleas, ticks, parasites and infectious illnesses when attending playgroup.

Rabies (dogs 4 months and older): _____ Bordatella/Kennel Cough _____

DHPP (all three shots for dogs under one year; booster for dogs older than one year): _____

All playgroup fees are non-refundable.

FOR OFFICE USE ONLY

Date Registration Received: _____ Date vaccinations checked: _____

Purrfect Paws Representative Initials: _____



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