

TATURA VETERINARY CLINIC

(03) 5824-1755

www.tatvet.com.au

PUPPY PRE SCHOOL ENROLMENT FORM



OWNER DETAILS

Name: _____

Phone: Home _____ Work _____

Mobile _____

PUPPY DETAILS

Name: _____ Age: _____

Breed: _____

START DATE: _____

*Please note start date may be subject to alteration and is dependent on class numbers.
The clinic will contact you prior to commencement of the first class to confirm your attendance, please provide number below that you can be contacted on during business hours.*

Business Hours contact phone number: _____

DEPOSIT

Deposit of \$20 is payable upon enrolment to secure position in class

OFFICE USE ONLY

Paid Date _____

Teacher: _____

