Puppy Kindergarten

“For: Puppies age 8 to 16 weeks at the start of class.

When: Each session lasts six weeks. Classes meet once a week for one hour beginning at 6:30 p.m.

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

Upcoming start dates are:

2016 Tuesdays
January 12
March 22
June 14
August 9
September 27
November 15

2016 Thursdays
February 4
May 19
July 7
August 25
October 13

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). Full payment is required to reserve a spot in the class. 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

Notes: You will receive an email to confirm your registration.

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: Laura Donaldson at donaldson.39@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 hereby certify that the above named puppy is
healthy and free of any signs of infectious disease.
I can verify that the above vaccines were given to
this puppy on the dates listed.

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? ______________

With whom does your puppy live (one person,
couple, kids/ages, etc.)?
________________________________________
________________________________________

Any special issues that you would like addressed in
class? ____________________________________
________________________________________

vet.osu.edu/vmc/puppy-kindergarten