Puppy Kindergarten

“Taking a puppy to puppy class is the single best thing an owner can do for their dog in its entire life.”
– Dr. Andrew Luescher, animal behavior specialist

For: Puppies under 13 weeks old at the start of class.

When: Puppy Kindergarten includes an orientation class and four socialization classes.
Classes meet for one hour, once a week.
The orientation class is for owners only – **do not bring your puppy to class on the first day.**

Where: Ohio State Veterinary Medical Center
601 Vernon L. Tharp St.
Columbus, OH 43210-1089
Call 614-292-3551 for directions, if needed.

Fees and Payment: $120
($10 off with Ohio State staff or student ID).
Please bring your payment to the first class.

Enrollment: Email the registration form (on page 2) to puppyclass@osu.edu or fax the registration form to 614-292-1454, ATTN: Puppy Class.

An email acknowledgment will be sent when your registration is 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

Visit our website for the current class schedule:
vet.osu.edu/vmc/puppy-kindergarten

An hour of fun-filled educational activities for you and your pet each week for five weeks.

Great tips on house training, crate training, mouthing, obedience, and much more.

Shape your puppy’s personality during this critical time of development and help prevent behavior problems.
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