

Animal Humane Society Kitty Kindergarten Health Certificate

Name of Kitten _____ Age _____
(only kittens between 7-12 weeks may apply)

Owner's Name: _____

Address: _____

Phone number(s): _____ Email: _____

Check off each requirement:

At least one FVRCP vaccine (at least 10 days before 1st class) _____

De-worming _____

Negative FeLV, FIV _____

No fleas or ticks _____

No known upper respiratory infection _____

No known ringworm _____

Health comments from veterinarian:

Veterinarian Signature _____ Date _____

(Bring health certificate to class along with payment. Students will not be admitted to class without this certificate.)

Date of first class: _____

Amount paid: _____ Payment method: Visa MC Discover Check enclosed

Credit Card # _____ Exp. Date (required): _____

Signature: _____

After your training class start date, refunds are given only in case of medical or other emergency. By applying for class you are reserving a spot in our Training Program that cannot be filled after the start of class.

I understand there are inherent risks associated with the presence of animals in training. I assume full responsibility for myself, my animal, any substitute handlers of my animal, and any observers that attend class with me. I have read and agree to follow the above policies. The undersigned further grants full permission to the Animal Humane Society to use any photographs or video of this event for any purposes.

Signature of owner/adult handler _____

(Signature required before student accepted to program)