



Owner Name: \_\_\_\_\_

Puppy's Name: \_\_\_\_\_

Puppy's Breed: \_\_\_\_\_

Dear Veterinarian,

According to the *American Veterinary Medical Association* and the *American Veterinary Society of Animal Behavior*, early socialization is essential to preventing many common behaviour problems in adult dogs. Issues such as reactivity and aggression are frequently cited reasons for surrendering family pets to shelters. Preventing these issues early in life is key to keeping dogs in their homes for a lifetime.

We take the physical health of young puppies seriously and have implemented important safety measures in order to prevent the transmission of disease. Puppies require a minimum of one set of vaccinations and must be free of parasites, the floors are sterilized prior to every class, and any puppy showing indication of illness is not permitted in class. Further information on puppy class safety is available here: [scratchandsniff.ca/puppy-class-safety](http://scratchandsniff.ca/puppy-class-safety)

Puppy Socialization Class includes a strong emphasis on socialization exercises in addition to positive reinforcement training for manners and obedience. In addition to safely interacting with other puppies off-leash, every class includes socialization exercises in order to prevent future behaviour issues. These exercises include body handling as required for a veterinary exam, resource guarding prevention, sound desensitization, and more.

We take puppy socialization, health and training very seriously here at Scratch and Sniff Canine Services. As part of our precautions, we ask that clients have their veterinarian confirm the following details before starting in our classes. Thank you for taking the time to help us assure the safety of puppies in our classes, and we welcome you to contact us if you have questions.

***“The puppy named above has been to my clinic, and to the best of my knowledge has had at least one set of shots (including Parvovirus/Distemper) and is free of disease and parasites.”***

\_\_\_\_\_  
Veterinarian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name

( ) \_\_\_\_\_ - \_\_\_\_\_  
Phone

Sincerely,  
Emily Fisher, CDBC, CPDT-KA  
Certified Dog Behaviour Consultant (IAABC)  
Certified Professional Dog Trainer – Knowledge Assessed (CCPDT)  
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