



PET-AGREE, INC. CANINE TRAINING SCHOOL

12 Donovan Rd. Candia, NH 03034
Tel. 603/483-8775 Fax 603/483-8770

BASIC II REGISTRATION FORM

Person's Information:

Date _____

Name: _____

Address: _____ City: _____

State _____ Zip Code _____ Occupation: _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Dog's Information:

Name: _____ Breed/Color: _____

Current Age: _____ Gender: **M** **F** Neutered/Spayed? Yes No

When did you graduate the Basic Family Dog Course? Month and Year _____

Please check any problems you are currently experiencing:

- | | |
|--------------------------|--------------------|
| Barking | Runs away |
| Jumping | Races around house |
| Digging | Doesn't listen |
| Pulling on leash | Hyperactive |
| Shy | Chases cars |
| Destructive chewing | Stealing _____ |
| Doesn't come when called | Chases _____ |

Please grade your dog's skills at present:

	Very Good	Good	Fair	Poor
Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose Leash Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start date and time of the course you are enrolling for: _____

Please have your veterinarian fax us a copy of your dog's most recent inoculation record. **603-483-8770**

PLEASE COMPLETE AND SIGN WAIVER