



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

MANNERS COURSE REGISTRATION FORM

Person's Information:

Date _____

Name(s): _____

Address: _____ City: _____

State _____ Zip Code _____ Occupation: _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Do you have any hearing or other physical challenges? _____

Dog's Information:

Name: _____ Breed/Color: _____

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

When did you attend a Pet-Agree Basic Family Dog Course? _____

Veterinarian's Name: _____

Any present problems/illnesses? _____

Describe any particular problem you are currently experiencing with your dog: _____
(use other side if needed)

Start date of session you are enrolling for: _____

PLEASE COMPLETE AND SIGN WAIVER

*** Please attach a copy of your dog's most recent inoculation records.***