



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

ADVANCED REGISTRATION FORM

Person's Information:

Date _____

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Names of children and their ages

Number of people in home: _____ Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Do you have any hearing or other physical challenges? _____

Dog's Information:

Name: _____ Breed/Color: _____

Gender: **M** **F** Current Age: _____

Have you ever attended a training class before? **YES** [] **NO** []

When: _____ Where: _____

Is this your first dog? **YES** [] **NO** [] If not, describe past dog(s)-breed/type, behavior, etc. _____

Do you have any other pets at present? **YES** [] **NO** [] If yes, please list: _____

Brand of food being fed at this time: _____

What do you hope to accomplish? _____

Veterinarian's Name: _____

Describe any problems you are having with your pup: _____
(use other side if needed)

How did you hear of Pet-Agree? _____

Start date of session you are enrolling for: _____