



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

**CANINE GOOD CITIZEN (CGC) REGISTRATION**

**Person's Information:**

Date \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 [ ]

Veterinarian's Name: \_\_\_\_\_

Any present problems/illnesses? \_\_\_\_\_

Which courses have you and your dog completed thus far? \_\_\_\_\_

**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 DOWNLOAD AND SIGN WAIVER FROM OUR WEBSITE*

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