



PET-AGREE, INC. CANINE TRAINING SCHOOL

12 Donovan Rd. Candia, NH 03034

Tel. 603/483-8775 Fax 603/483-8770

SOCIAL SKILLS REGISTRATION FORM

Person's Information:

Date _____

Name(s): _____

Address: _____ City: _____

State _____ Zip Code _____ Occupation: _____

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: _____

Gender: **M** **F** Spayed/neutered: **YES** [] **NO** [] Current Age: _____

Previous training: _____ Age Obtained: _____

When: _____

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 the behavior problems you are having with your dog: _____

Start date of session you are enrolling for: _____