



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

SOCIAL SKILLS AGGRESSIVE REGISTRATION FORM

Person's Information:

Date _____

Name(s): _____

Address: _____ City: _____

State _____ Zip Code _____ Occupation: _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Number of people in home: _____ Name _____ Age _____

Names of children and their ages

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: _____

Start date of session you are enrolling for: _____

Describe the behavior problems you are having with your dog: _____

Please check any other problems you are currently experiencing:

- | | |
|---|---|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Races around house |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Doesn't listen |
| <input type="checkbox"/> Pulling on leash | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Chases cars |
| <input type="checkbox"/> Destructive chewing | <input type="checkbox"/> Stealing _____ |
| <input type="checkbox"/> Doesn't come when called | <input type="checkbox"/> Chases _____ |

Has your dog bitten another dog? **Yes No** *If Yes, please attach detailed description of the incident(s).*

Were there punctures? **Yes No** How many: _____ How deep: _____

Did either dog require veterinary care? **Yes No**

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a canine training class is not without risk to myself, members of my family or guests who may attend, or my dog, due to some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury, even when handled with the utmost of care.

I hereby waive and release Pet-Agree Inc. Canine Training School, its owner and agents from any and all liability of any nature, for injury and or damage resulting from the action of any dog. I assume the risk of any damage or injury while attending any training session or other function for the School, or while on the training grounds or the surrounding area.

In consideration of and as inducement to the acceptance of my application for membership in this training class, I hereby agree to indemnify and hold harmless the School, its owners and agents from any and all claims by any member of my family or other person accompanying me to any session or function of the School or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

[] My dog(s) inoculation records are attached.

[] I have contacted our veterinarian on ___/___/___ to fax Pet-Agree a copy of our dog's most recent inoculation record. **603-483-8770**

Signature of Owner or Authorized Agent:

Date: _____