



# PET-AGREE, INC. CANINE TRAINING SCHOOL

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

## SOCIAL SKILLS-SHY 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: \_\_\_\_\_ Brand of food being fed at this time: \_\_\_\_\_

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: \_\_\_\_\_

What do you hope to accomplish? \_\_\_\_\_

Start date of session you are enrolling for: \_\_\_\_\_

Specific fears your dog has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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"/> Growls         |
| <input type="checkbox"/> Digging                  | <input type="checkbox"/> Lunging        |
| <input type="checkbox"/> Pulling on leash         | <input type="checkbox"/> Doesn't listen |
| <input type="checkbox"/> Submissive Urination     | <input type="checkbox"/> Hyperactive    |
| <input type="checkbox"/> Destructive chewing      | <input type="checkbox"/> Stealing _____ |
| <input type="checkbox"/> Doesn't come when called | <input type="checkbox"/> Chases _____   |

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

Were there punctures? **Yes No** How many: \_\_\_\_\_ How deep: \_\_\_\_\_

Did anyone require medical 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: \_\_\_\_\_