



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

BASIC II REGISTRATION FORM

Person's Information:

Date _____

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone Home _____ Cell _____

Work _____ e-mail _____

Dog's Information:

Name: _____ Breed/Color: _____

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

When did you graduate the Basic Family Dog Course? Month and Year _____

Please grade your dog's skills at present:

	Very Good	Good	Fair	Poor
Stay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Come	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loose Leash Walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any problems areas of behavior your dog is presenting at this time:

Please identify a specific goal you have for your dog:

Start date and time of the course you are enrolling for: _____

Please have your veterinarian fax us a copy of your dog's most recent inoculation record. 603-483-8770

Please print out and sign waiver that can be found on the Pet-Agree, Inc. site as well.