



PET-AGREE, INC. CANINE TRAINING SCHOOL  
 12 Donovan Rd. Candia, NH 03034  
 Tel. 603/483-8775 Fax 603/483-8770  
**CUSTOMIZED CAMPER TRAINING (CCT)**  
**REGISTRATION FORM**

**Person's Information:**

Date \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ e-mail \_\_\_\_\_

**Dog's Information:**

Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Gender: **M F** Current Age: \_\_\_\_\_ Family member for: \_\_\_\_\_ years

Previous course(s) taken here: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Indicate (#1, #2, etc) any of the following that you would like our skilled trainer to work on with your dog.

- |   |   |
|---|---|
| <input type="checkbox"/> Stay during distractions<br>Your command is: _____ | <input type="checkbox"/> Not Jumping          |
| <input type="checkbox"/> Come during distractions<br>Your command is: _____ | <input type="checkbox"/> Not Mouthing/Nipping |
| <input type="checkbox"/> Leave it<br>Your command is: _____                 | <input type="checkbox"/> Not Stealing         |
| <input type="checkbox"/> Loose Leash Walking<br>Your command is: _____      | <input type="checkbox"/> Not Barking          |
| <input type="checkbox"/> Down<br>Your command is: _____                     | <input type="checkbox"/> Other _____          |

*For dogs with multiple (3 or more) concerns, a comprehensive Customized Camper Training program can be designed.*

Trainer Comments:


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