



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

INTERMEDIATE REGISTRATION FORM

Person's Information:

Date _____

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Do you have any hearing or other physical challenges? _____

Dog's Information:

Name: _____ Breed/Color: _____

Gender: **M F** Neutered/Spayed: **Y N** Current Age: _____

When did you attend our Basic II Course? _____

Please check any problems you are currently experiencing:

- | | | |
|--------------------------------|--------------------------|-----------------------------|
| _____ Barking | _____ Runs away | _____ Stealing _____ |
| _____ Jumping | _____ Races around house | _____ Protective of objects |
| _____ House training | _____ Doesn't listen | _____ Protective of food |
| _____ Digging | _____ Hyperactive | _____ Chases _____ |
| _____ Pulling on leash | _____ Chases cars | |
| _____ Shy | _____ Growls | |
| _____ Destructive chewing | _____ Nips children | |
| _____ Doesn't come when called | _____ Nips adults | |

Describe what you would like to accomplish; what challenges you would like to overcome in this course:

Veterinarian's Name: _____

Start date of session you are enrolling for: _____

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