



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

DOGGIE INTRO TO INFANT REGISTRATION FORM

Person's Information:

Date _____

Name: _____

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 _____

When is your due date: _____

Dog's Information:

Name: _____ Breed: _____

Gender: **M** **F** Spayed/neutered: **YES** [] **NO** [] Current Age: _____

Obtained from: Shelter _____ Pet Store _____ Age Obtained: _____

Breeder Name & Tel: _____ Other _____

Have you ever attended a training class before? **YES** [] **NO** []

When: _____ Where: _____

Do you have any other pets at present? **YES** [] **NO** [] If yes, please list: _____

Brand of food being fed at this time: _____

Describe any problems you are having with your dog: _____

(use other side if needed)

Veterinarian's Name: _____

How did you hear of Pet-Agree? _____

Start date of session you are enrolling for: _____