



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

TRICKS CLASS REGISTRATION FORM

Person's Information:

Date _____

Name(s): _____

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: _____

Current Age: _____ Gender: **M F** Neutered/Spayed? Yes [] No []

When did you attend a Pet-Agree Basic Family Dog Course? _____

Veterinarian's Name: _____

Any present problems/illnesses? _____

Pick at least 15 tricks that you would like to teach your dog.

- Bow
- Weave
- Beg - sit pretty
- Speak
- Earthquake - shake body
- Fetch
- Spin & Twirl
- Hide Face
- Turn Off Lights
- Kisses
- Hugs
- Flip Food on Nose
- Chase Your Tail
- Hoop
- Crawl
- Walk Backwards
- Dance Aroung
- Go See - person name
- Close Door
- Seek Objects - toys, keys
- Play Dead - in conjunction with roll over
- Roll Over
- Give Paw - in conjunction with high five
- High Five

If you plan on bringing your dog into the obedience competition ring, we do not recommend that you teach your dog Give Paw, High Five or Speak.

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.

*** Please attach a copy of your dog's most recent inoculation records. ***