



PET-AGREE, INC. CANINE TRAINING SCHOOL

12 Donovan Rd. Candia, NH 03034

Tel. 603/483-8775 Fax 603/483-8770

**CUSTOMIZED CAMPER TRAINING**

**REGISTRATION FORM**

**Person's Information:**

Date \_\_\_\_\_

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

Occupation \_\_\_\_\_

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: \_\_\_\_\_

Please check any of the following that you would like our skilled trainer to work on with your dog.

- Down  
Your command is: \_\_\_\_\_
- Come during distractions  
Your command is: \_\_\_\_\_
- Leave it  
Your command is: \_\_\_\_\_
- Loose Leash Walking  
Your command is: \_\_\_\_\_
- Stay during distractions  
Your command is: \_\_\_\_\_
- Your release word is: \_\_\_\_\_

- Not Jumping
- Not Mouthing/Nipping
- Not Stealing
- Not Barking
- Other \_\_\_\_\_

*Specific Goals/Concerns*


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