



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 _____ Occupation: _____

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 still experiencing:

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

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

Veterinarian's Name: _____

Start date of session you are enrolling for: _____

PLEASE COMPLETE AND SIGN WAIVER