



PET-AGREE, INC. CANINE TRAINING SCHOOL

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

**PUPPY KINDERGARTEN REGISTRATION FORM**

**Person's Information:**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ e-mail \_\_\_\_\_

Number of people in home: \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Do you have any hearing or other physical challenges? \_\_\_\_\_

**Puppy's Information:**

Name: \_\_\_\_\_ Breed : \_\_\_\_\_

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

Obtained from: Shelter \_\_\_\_\_ Pet Store \_\_\_\_\_ Age Obtained: \_\_\_\_\_

Breeder Name & Tel: \_\_\_\_\_ Other \_\_\_\_\_

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

When: \_\_\_\_\_ Where: \_\_\_\_\_

Is this your first dog? **YES** [ ] **NO** [ ] If not, describe past dog(s)-breed/type, behavior, etc. \_\_\_\_\_

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

Brand of food being fed at this time: \_\_\_\_\_

What do you hope to accomplish? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

**Describe any problems you are having with your pup:** \_\_\_\_\_

How did you hear of Pet-Agree? \_\_\_\_\_

Start date of session you are enrolling for: \_\_\_\_\_

*PLEASE COMPLETE AND SIGN WAIVER*