



Train Don't Complain

Agility Class Registration

Please fill out the information below and mail to:

Pets Behave
Class Registration
297 County Line Road
Niceville, FL. 32578

Cash or check or Charge only: please make checks payable to Pets Behave LLC.

We look forward to working with you and your dog! Please call us if you want to confirm your registration. (850) 897-8666

Name of Class: _____

Date: _____ Time: _____

Name _____ Hm tel. no _____

Address _____ Work tel. no _____

Other tel. no _____

City _____ Zip Code _____ E-mail _____

Dog's Name	Age at start of course
Breed/Type	Sex: M / F Neutered? Yes/No

All dogs must have current vaccinations (Rabies, Parvo, Distemper) or valid immunization status (Titers.) I hereby state that the above named dog is current with its vaccinations/Titers and is on appropriate flea control:

(please sign and date) _____ date: _____

Name and address of your Vet: _____

Are you the primary owner? If not, what is your relationship to the dog?

Where is your dog kept? Inside? Outside?

Has your dog ever bitten anyone or been in a dog fight? If so, please describe the circumstances.

How does your dog react to Men? Women? Children? Strangers? Crowds? Other dogs?

Describe your dogs personality.

What commands does your dog respond to?

Has your dog had any prior agility training?

Future goals for you and your dog?
