



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** \_\_\_\_\_

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

All dogs must have current vaccinations (Rabies, Parvo, Distemper) or valid immunization status (Titters.) I hereby state that the above named dog is current with its vaccinations/Titters 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?

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Describe your dogs personality.

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What commands does your dog respond to?

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Has your dog had any prior agility training?

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Future goals for you and your dog?

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