



# Peak Agility Application

<http://www.peakagility.com>

Fax to 503-616-7177

**Completion of this application is not a guarantee of class acceptance.**

Owner's Name		Who referred you to Peak Agility?		Today's Date	
Address		City		State	Zip
Primary phone number		Secondary Phone number		email	
Vet/Clinic Name		Phone/Website		City	State/Zip
Dog's Name		Breed/best guess	DOB	Handler Name (and Age, if minor)	
Where'd you get the dog? <input type="radio"/> Rescue <input type="radio"/> Humane Society <input type="radio"/> Breeder <input type="radio"/> Other		The date you got the dog?		Sex/Spayed or Neutered <input type="radio"/> Male <input type="radio"/> Neutered <input type="radio"/> Female <input type="radio"/> Spayed	
Class Interested in: <input type="radio"/> Foundation <input type="radio"/> Agility 101 <input type="radio"/> Agility 201 <input type="radio"/> Agility 301 <input type="radio"/> Agility 401		Time Interested in: <input type="radio"/> 5:30-6:30 <input type="radio"/> 6:45-7:45 <input type="radio"/> 8:00-9:00		Day of week <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday	
If certain times or days are better than others or don't work at all, please indicate that here.					
Anything else Peak Agility should know about you or your dog? (goals, medical conditions, concerns, etc)					
Previous Dog Training Experience? Please be specific to location and training. Continue on back if needed.					
Tricks/training your dog (s) knows. Please be specific Continue on back if needed.					
Have any of your dogs bitten someone or another dog? Please be specific. Continue on back if needed.					