

Shiloh Veterinary Hospital
K9 NOSE WORK™ LEVEL TWO CLASS
Registration Form

Last Name _____ First Name _____

Address _____

Phone Number (best # to reach you in case of class cancellation) _____

Alternate Phone # _____ Email Address _____

Dog's Name _____ Dog's Date of Birth _____

Breed _____ Gender: M F Spayed or Neutered? Y N

Have you and your dog completed a K9 Nose Work Level One Class? Y N

If your dog has any sensitivities such as anxiety or fear of new places, people or animals, please describe below.

Clean crates are available for all students to use during class. If you prefer to use your own crate for your dog, you're welcome to bring it with you.

____ I am registering for the 6-week Nose Work™ Level Two class at the Manchester area office beginning **Thursday, March 22nd, 2012 at 7:00 pm** (no class on Thursday, November 24th). I understand the classes are held in the basement with stairway access only.

Registration fee: \$120.00

____ I am registering for the 6-week Nose Work™ Level Two class at the Manchester area office beginning **Tuesday, April 19th, 2012 at 3:00 pm**. I understand the classes are held in the basement with stairway access only.

Registration fee: \$120.00

Please read and sign the following agreement as a condition to acceptance of this application:

I understand the attendance of dog classes is not without risk of injury or illness to me, my dog, or any guests who accompany me to class. I hereby waive and release Wendy Hazenstab (trainer), her assistants, the Shiloh Veterinary Hospital, its owners and employees, from any claim for injury or illness caused or allegedly caused directly or indirectly in relation to the attendance of class. I understand that by signing this form I am releasing Wendy Hazenstab, her assistants, the Shiloh Veterinary Hospital, its owners and employees from any liability for injury or damages occurring on the premises where classes are held before, during or after class.

I understand the class fee is for 6 consecutive classes, and if I miss a class there are no make-up classes and no refund will be granted.

I understand that photos or video footage may be taken during class for educational or marketing purposes. If I object to images being taken of me, my family or my dog I will communicate that to the trainer who will honor my wishes.

I understand that only humane methods will be used in the above mentioned classes & that no physical or emotional harm will intentionally be done to my pet while on the premises.

Signature _____ **Date** _____

Please complete and return this form with payment in person or by mail to one of the addresses below. You may also scan a completed form and return it by e-mail to **training@myshilohvet.com**.

Wendy Hazenstab
Shiloh Veterinary Hospital
2401 Emig Mill Road
Dover, PA 17315
717-764-1400

OR

Wendy Hazenstab
Shiloh Veterinary Hospital
110 Morgan Lane
York, PA 17406
717-767-0180

Payment may be made at either office in the form of cash, check or a credit card. You may also mail a check or make a credit card payment over the phone. Please make check payment to: **The Shiloh Veterinary Hospital**. Keep in mind that the first four registrations received with payment will fill each class.

Thank You! I look forward to having fun with you & your dog!

Wendy