

Shiloh Veterinary Hospital
K9 NOSE WORK™ LEVEL ONE 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

Where did you obtain your dog? _____ Shelter _____ Foster home / Rescue _____ Pet Store
_____ Breeder _____ Found as a stray _____ Friend _____ Other

How old was your dog when he/she came to live with you? _____

Have you completed a basic manners class with your dog? _____ At what age? _____

Please circle any current or previous activities you've done with your dog:

Agility Tracking Flyball Manners/Obedience Rally Other: _____

Do you have any health concerns for you or your dog which may require assistance during class?

No Yes If yes, please explain: _____

*The following information is requested in an effort to learn how I can provide a pleasant and safe experience for all dogs and people in class. Dogs who have bitten or attempted to bite a dog or person will **not** be excluded from joining a class except for the rare occasion when the handler is unable to manage the dog on a leash and the dog is a danger to the handler and/or the instructor. Dogs will practice one at a time and will not have access to each other. Access to other handlers can easily be restricted if necessary.*

Is your dog ever nervous or fearful of the following? Please check all that apply and list any others.

_____ Men _____ Women _____ Children _____ All Strangers _____ Other Dogs

_____ Loud Noises _____ New Environments _____ Class Settings _____ Not Applicable

If you checked any of the above or your dog is fearful of any other situation, please explain and include a description of how your dog reacts when nervous or fearful.

Has your dog ever bitten a person? Yes No If yes, how serious was the injury?

Please describe the trigger for the incident. _____

Has your dog ever damaged another dog? Yes No If yes, how serious was the injury?

Please describe the trigger for the incident. _____

Is your dog typically willing to interact with people he / she doesn't know? Yes No

If no, how does he / she react when meeting new people? _____

Has your dog ever been protective of food, treats or toys? _____ If yes, please briefly describe:

Does your dog have current vaccines for DHLPP, Rabies and Bordetella? Yes No

Is your dog a patient at the Shiloh Veterinary Hospital? Yes No If no, please attach current vaccine records from your veterinarian. If yes, vaccine records will be reviewed in our hospital records.

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 One class at the Manchester area office beginning **Monday, February 25th, 2013 at 5:30 pm***. I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00

** This class is now full. If you're interested in joining a K9 Nose Work class, please email Wendy at training@myshilohvet.com to be added to the waiting list. You will be contacted when the date of the next class is determined.*

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 the address below.

Wendy Hazenstab
Shiloh Veterinary Hospital
110 Morgan Lane
York, PA 17406

Payment may be made in the form of cash, check or a credit card. Please make checks payable to: **The Shiloh Veterinary Hospital**. Submitting a registration form with payment is necessary to reserve a spot in the class. Pre-class information will be emailed to you after I receive your registration form.

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

Wendy