

Shiloh Veterinary Hospital
Canine Manners Class Registration

Your Name _____ Dog's Name _____

Age of handler if less than 16 (minimum handler age is 12; ages 12-15 must be accompanied by a parent or guardian) _____ Name of parent/guardian _____

Address _____ City _____ State _____ Zip _____

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

Email address (for class confirmation) _____

Breed of dog _____ Date of birth _____ Male or Female (circle)

___ I am registering for the 8-week **Canine Manners** class held at the Manchester area office. I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00 I would like to begin class on the following date:

___ Wednesday, August 26th 2009, at 4:00 pm ___ Wednesday, August 26th 2009, at 6:00 pm

___ Wednesday, November 4th 2009, at 4:00 pm ___ Wednesday, November 4th 2009, at 6:00 pm

**Classes are filled on a 'first-come first-serve' basis. Each class will be filled with the first 4 applicants to submit a complete registration form, full payment, and vaccine records.*

Dogs are required to have had a DHLPP, Bordetella and Rabies vaccine within the past year. Please attach a copy of your pup's vaccine records.

Vaccine Dates:

DHLPP _____ Bordetella _____ Rabies _____

Date & results of last Intestinal Parasite Test: _____

If your dog has recently been diagnosed and/or is being treated for any transmittable diseases, including skin conditions, please state the diagnosis and the treatment: _____

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

I understand the attendance of puppy 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 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 & return the following by mail or in person. You may also scan a completed form & return by email.

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 19406
717-767-0180

Please make payment to: The Shiloh Veterinary Hospital

Payment may be made at either office with cash, check or a credit card. You may also mail a check or make a credit card payment over the phone. Keep in mind that the first four registrations received with payment will fill each class.

Your dog should wear a flat nylon or leather leash with a buckle or snap. You will need a 6 foot nylon or leather leash, and a variety of training treats. Treats should be **soft** so they can be eaten quickly, and cut up in very **small pieces** (no larger than a Cheerio). Some suggestions are: cooked liver or chicken breast, low fat mozzarella cheese, fat-free turkey hot dogs, commercial brand soft treats. If you're going to use commercial treats, I suggest only using them sparingly, as they contain a lot of chemical preservatives that can cause an allergic reaction in some dogs.

A treat pouch or fanny pack are very helpful tools for carrying your assortment of treats.

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

Wendy