



5747 Red Alder Dr. NE  
Olympia, WA 98516-2142  
360-493-2586

GoFetch@HumanAnimalSolutions.com  
www.HumanAnimalSolutions.com

## Registration Form – Pet Partners® Skills & Aptitude Test

Please check the date for which you wish to register:

- |   |   |
|---|---|
| <input type="checkbox"/> Saturday, January 23, 2010 | <input type="checkbox"/> Saturday, July 24, 2010      |
| <input type="checkbox"/> Saturday, March 6, 2010    | <input type="checkbox"/> Saturday, September 25, 2010 |
| <input type="checkbox"/> Saturday, May 1, 2010      | <input type="checkbox"/> Saturday, November 13, 2010  |

**Fee:** \$25 per team                      **Location:** Canine Co-Op, 908 Webb St. SE, Lacey, WA

**Confirmation:** Will be sent after registration and payment are received.

**Check-In Time:** At least 15 minutes before your scheduled test time. People who arrive late may forfeit their test time.

Handler's Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Animal's Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**NOTE:** I send most confirmation communication via e-mail.  
**Please set your Spam Filter to accept my e-mail address.**

Phone: \_\_\_\_\_

*Your contact information will be held in confidence.*

Registration must be received **at least two weeks prior to the test day** to reserve a test slot.

Check policy: "By using a check for payment, you agree to the following terms: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law." NSF checks are handled by Re\$ubmitIt®, 866-860-5906.

I indemnify and hold Human-Animal Solutions, Delta Society, Evaluator(s), assistants, and facility owner(s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of Pet Partners evaluations including but not limited to interactions with Evaluators, assistants, attendees, or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the evaluation site or within the evaluation site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form and applicable fees (**payable to Human-Animal Solutions**) to:  
Ann Howie, 5747 Red Alder Dr. NE, Olympia, WA 98516-2142