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Beginning Therapy Dog Training Class Registration

| | |
|---|---|
| Owner's Name: | Dog's Name: |
| Address: | Breed/Type: |
| City, State, Zip: | Dog's Age: |
| Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| E-Mail: | |
| The things I'm most interested in learning are: | |
| Something I want you to know about me or my dog is: | |
| I have done clicker training before: <input type="checkbox"/> No <input type="checkbox"/> Yes – Please tell me where you learned and how you use(d) it: | |

I wish to register for the Beginning Therapy Dog Training class. I understand that payment of \$150 is due in advance and that I must show paper proof of rabies vaccination before or during the first class.

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, facility owner(s), instructor(s), and assistant(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 dog training lessons or behavior consultation including but not limited to interactions with instructor, assistants, students, or animals, or demonstrations involving my dog.

Signature: _____

Date: _____

*Please make check payable to Human-Animal Solutions.
 Please return completed form with payment to Ann Howie, 5747 Red Alder Dr. NE, Olympia, WA 98516.*