

**Shiloh Veterinary Hospital  
Canine Manners Class Registration**

Your Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male or Female (circle)

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 number (best # to reach you in case of class cancellation) \_\_\_\_\_

Email address (for class confirmation & notes) \_\_\_\_\_

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 dates (*please put check mark beside the class you would like to attend*):

<b>Class Dates:</b>	<b>Meeting Times:</b>	
<input type="checkbox"/> Wednesday, March 23rd, 2011	5:30 PM	
<input type="checkbox"/> Wednesday, May 25 <sup>th</sup> , 2011	5:30 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 current DHLPP, Bordetella and Rabies vaccines. Please attach a copy of your dog's vaccine records if your dog is not a patient at the Shiloh Veterinary Hospital.***

**Vaccine Dates:**

DHLPP: ___/___/___
Bordetella: ___/___/___
Rabies: ___/___/___

Date of last stool sample: \_\_\_/\_\_\_/\_\_\_ Result of last Intestinal Parasite Screening: \_\_\_\_\_

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 dog training 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 8 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 and 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 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 110 Morgan Lane York, PA 17406	Or	Wendy Hazenstab Shiloh Veterinary Hospital 2401 Emig Mill Road Dover, PA 17315
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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 working with you & your dog!*

*Wendy*