

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: _____

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.

____ I am registering for the 6-week K9 Nose Work™ Level One class at the Manchester area office beginning **Tuesday, April 19th at 7:00 pm**. I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00

____ I am registering for the 6-week K9 Nose Work™ Level One class at the Manchester area office beginning **Saturday, May 7th at 11:00 am** I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00

____ I am registering for the 6-week Nose Work™ Level One class at the Manchester area office beginning **Wednesday, May 18th at 7:00 pm**. I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00

____ I am registering for the 6-week Nose Work™ Level One class at the Manchester area office beginning **Thursday, June 16th at 11:30 am**. I understand the classes are held in the basement with stairway access only. Registration fee: \$120.00

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 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
2401 Emig Mill Road
Dover, PA 17315
717-764-1400

OR

Wendy Hazenstab
Shiloh Veterinary Hospital
110 Morgan Lane
York, PA 17406
717-767-0180

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 having fun with you & your dog!

Wendy

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