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Beginning Therapy Dog Training Class Registration

| | |
|---|------------------|
| Owner's Name: | Dog's Name: |
| Address: | Breed/Type: |
| | Dog's Age: |
| Primary Phone: | Secondary Phone: |
| 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 \$110 is due in advance and that I must show proof of rabies vaccination.

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 Ann Howie.
 Please return completed form with payment to Ann Howie, 5747 Red Alder Dr. NE, Olympia, WA 98516.*