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Therapy Dog Training/Consultation Registration Form

Owner's Name:	Dog's Name:
Address:	Breed/Type:
City, State, Zip:	Dog's Age: Gender:
E-Mail:	Phone:
How did you hear about me?	
What is your primary goal in meeting with me?	

I understand that payment is due at the time of the session. Rates are:

- \$75/hour for my time spent with you in training or consultation *in my training building*
- If I meet you somewhere else, you will be charged a pro-rated amount for my travel time

I indemnify and hold Human-Animal Solutions, PLLC, 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: _____

NOTE: To help me provide sessions that meet your needs, please add below (or on the back) any information you would like me to have about you and your dog.