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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. Accepted forms of payment are cash or check. If I need to make electronic payment, I understand that a \$5 convenience fee will apply. Ann's rates are:

- \$80/hour for Ann's time spent with me in training or consultation *in her training building*
- If she meets me somewhere else, I will be charged \$1/minute for her 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 Ann provide sessions that meet your needs, please add any information you would like her to have about you and your dog on the back.