

SUMMERWIND CANINES OBEDIENCE REGISTRATION FORM



WOODLAND VETERINARY HOSPITAL

PUPPY LEVEL ONE: 5 consecutive weeks. Class Fee \$110.00

PUPPY LEVEL TWO: 7 consecutive weeks. Class Fee \$125.00

BASIC CLASS: 7 consecutive weeks. Class Fee \$130.00, Repeat/Return \$85.00

SEMI-PRIVATE BASIC CLASS: Class Fee \$250.00

INTERMEDIATE CLASS: 7 consecutive weeks. Class Fee \$125.00, Repeat/Return \$85.00

CLICKER SESSION: Class Fee \$35.00

ADVANCED CLASS: 7 consecutive weeks. Class Fee \$125.00 Repeat/Return \$85.00

CGC WORKSHOP: Class Fee \$20.00

AGILITY LEVELS 1-30: 6 consecutive weeks. Class Fee \$130.00

RALLY'O: 7 consecutive weeks. Class Fee \$125.00

PRIVATE LESSONS: Please Ask For More Information \$150.00 per hour

CONFORMATION CLASS: 1 class \$8.00

Your training instructor will be Jean Gauchat-Hargis who has helped many dogs become part of the family. Training is based on using positive reinforcement. All classes will help you understand animal behavior and how to change your dog's bad habits.

CLASS TYPE: _____ CLASS FEE:\$____.____ STARTING DATE: _____ CLASS TIME: _____

OWNER'S NAME (18 OR OLDER) _____ HOME PHONE _____

WORK PHONE: _____ E-MAIL: _____

OWNER ADDRESS: _____ CITY, STATE, ZIP: _____

DOG'S NAME: _____ BREED: _____ AGE: _____ ALTERED: _____

DOG'S SEX: _____ DOG'S VET: _____ DOG'S BIRTHDATE: _____

HOW DID YOU HEAR ABOUT THE DOG TRAINING CLASS? _____

I, (PRINT NAME) _____ WISH TO ENROLL MY DOG IN THE OBEDIENCE GROUP CLASS TRAINING PROGRAM UNDER THE DIRECTION OF SUMMERWIND CANINES DOG TRAINING AND WOODLAND VETERINARY HOSPITAL. I UNDERSTAND THE PROGRAM WILL COVER BASIC ON-LEASH COMMANDS: HEEL, AUTO-SIT, SIT, SIT-STAY, DOWN, DOWN-STAY, STAND, STAND-STAY, COME, HEELING TURN ABOUTS, FINISH, AS WELL AS TO HELP ME SOLVE OR CURTAIL MY DOG'S BEHAVIOR PROBLEMS. I UNDERSTAND AND AGREE THAT MY SUCCESS OR FAILURE IN THIS PROGRAM IS BASED PRIMARILY ON MY WILLINGNESS AND ABILITY TO WORK MY DOG 20 TO 30 MINUTES EVERYDAY. AS LEGAL OWNER OF MY DOG, HAVING CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT, I DO HEREBY WAIVE AND RELEASE SUMMERWIND CANINES OBEDIENCE DOG TRAINING AND WOODLAND VETERINARY HOSPITAL FROM ANY AND ALL LIABILITY OF ANY NATURE. THIS INCLUDES ANY INJURY, DEATH, SICKNESS OR DAMAGE MY PET MAY SUFFER DURING OR AFTER ANY TRAINING PROGRAM. I ALSO AGREE TO INDEMINFY AND HOLD HARMLESS SUMMERWIND CANINES DOG TRAINING AND WOODLAND VETERINARY HOSPITAL FROM ANY AND ALL CLAIMS DUE TO ANY DAMAGE MY PET MAY CAUSE TO ANY FAMILY MEMBERS OR ANY THIRD PARTY DURING OR AFTER TRAINING. I AGREE THAT THE ORGANIZATION GIVING THESE CLASSES HAS THE RIGHT TO REFUSE THIS ENROLLMENT OR TO EXPELL A STUDENT FOR ANY CAUSE WHICH THE INSTRUCTOR SHALL DEEM TO BE SUFFICIENT.

REFUND POLICY (READ CAREFULLY): I UNDERSTAND THAT ALL FEES ARE PAYABLE IN ADVANCE TO RESERVE MY SPOT IN THE CLASS. I UNDERSTAND AND AGREE THAT THERE ARE ABSOLUTELY NO REFUNDS AFTER THE FIRST CLASS DATE. CANCELLATIONS: I UNDERSTAND THAT IF I CANCEL MY ENROLLMENT IN THE GROUP TRAINING PROGRAM BEFORE THE FIRST CLASS DATE, THE CLASS FEE WILL BE REFUNDED.

NO SHOWS: ANY CLIENT THAT RESERVES A PLACE IN THIS TRAINING PROGRAM WHO FAILS TO ATTEND THE CLASSES WITHOUT NOTIFYING SUMMERWIND CANINES DOG TRAINING OR WOODLAND VETERINARY HOSPITAL 24 HOURS IN ADVANCE OF THE FIRST CLASS, WILL BE CHARGED THE FULL COURSE FEE. IF YOU CAN'T ATTEND CALL WOODLAND VET CLINIC BEFORE CLASS STARTS.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ABOVE. ENROLL ME!

SIGNATURE: _____ DATE: _____

REMINDER: DO NOT LOSE THIS FORM. BRING PROOF OF VACCINATIONS AND YOUR RECIEPT TO FIRST LESSON.

YOUR CLASS STARTS ON: _____ TIME: _____ LOCATION: Woodland Veterinary Hospital