



Nemacolin Wooflands Canine Performance Training Center

REGISTRATION FORM - SESSION VIII

Dog Show Handling Class

SEND IN YOUR REGISTRATION MATERIALS IMMEDIATELY!!

Our classes fill quickly. Delay in receipt could close you out of this session of classes. We fill on a first-come, first-served basis.

Select the class of your choice from the CLASS DESCRIPTIONS; PLEASE BE AWARE OF CLASS PRE-REQUISITES.

1. Return a completed three page Registration Form, Hold Harmless Waiver, Aggressive or Disruptive Dog Policy, Health Certificate and your \$72 registration fee. Registration fee may be submitted in the form of a check/money order (made payable to Nemacolin Wooflands) or credit card information may be provided for payment.

Remit registration form and payment to: Nemacolin Wooflands Canine Performance Training Center
3945 National Pike
Farmington, PA 15437

2. Be sure to read and sign all required documents in registration packet. Your signature indicates agreement to the "Hold Harmless" waiver as well as the "Aggressive or Disruptive Dog Policy".
3. For your convenience, a "tear-off" has been provided at the bottom of this sheet providing the dates for the entire session of classes.
4. Classes meet for 50 minutes each week for a total of 6 weeks.
5. Bring your vaccination record with you to orientation or submit it with your application. A form is included for your convenience or you may bring your own records. Your instructor must review this document PRIOR to your dog entering class.
6. Health Certificates for Beginner Classes are not required until the first class.
7. **Advanced registration is preferred. Drop-ins welcome at \$15 per class.**

URGENT QUESTIONS?

Contact Dolores Paroda at (724) 329-9663 or via email at dolores.paroda@nemacolinwooflands.com

(FOR YOUR USE-PLEASE TEAR BELOW)

WEDNESDAYS AT

7:30 PM

REGISTRATION FORM - SESSION VIII

Dog Show Handling Class

ENTRY INTO A CLASS CANNOT BE GUARANTEED WITHOUT PRE-REGISTRATION.

Class size is limited. Spaces are filled on a first-come, first-served basis.

You will be notified if you do not get your first choice of time.

HANDLER INFORMATION

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail Address: _____
Phone (home): _____ (cell): _____ Age (if under 18): _____
Permission for text messages regarding class YES NO

1ST DOG INFORMATION

Breed: _____ Birth date: _____ Sex: M or F Spayed/Neutered: Y N
Dog's Name: _____ Veterinarian: _____

2ND DOG INFORMATION

Breed: _____ Birth date: _____ Sex: M or F Spayed/Neutered: Y N
Dog's Name: _____ Veterinarian: _____

Briefly state your experience in Dog Show Handling _____

SIX WEEK TRAINING PACKAGE - \$72

PAYMENT INFORMATION

I have enclosed \$72 (check method) Check Money Order

Or

Please charge my credit card: Name on Card _____
Credit Card Type (circle one) VISA MasterCard AMEX Discover
Credit Card # _____
3-Digit Security Code on back of card _____ Expiration Date _____
Billing Zip Code _____
Signature of Cardholder _____



Nemacolin Wooflands Canine Performance Training Center

HEALTH CERTIFICATE FOR TRAINING CLASSES

NAME OF DOG: _____

BREED: _____ AGE: _____

NAME OF OWNER: _____

VACCINATION RECORD SHOWING DATES OF MOST RECENT BOOSTER(S)

DHLPP (REQUIRED)

Puppies under 6 months of age: (record dates)

DHLPP #1 _____ DHLPP #2 _____ DHLPP #3 _____

BORDATELLA (RECOMMENDED)

Not applicable if puppy is under 4 months of age

BORDATELLA Given _____

RABIES (REQUIRED)

Not applicable if puppy is under 3 months of age

RABIES Given _____

OTHER HEALTH DATA

DATE AND RESULTS OF MOST CURRENT FECAL CHECK

HEARTWORM PREVENTATIVE (RECOMMENDED)

Name of product used _____

VETERINARIAN: _____

DATE: _____

Nemacolin Wooflands Pet Resort & Spa

Agreement to Hold Harmless, Waiver and Assumption of Risk

I understand that attendance of a canine performance training class such as dog obedience, conformation, or agility training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release Nemacolin Wooflands Pet Resort & Spa LLC. hereinafter referred to as the Wooflands, its employees, officers, members, and agents from any and all liability of any nature, or injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of Wooflands or while on the grounds or the surrounding area thereto.

In consideration of, and as inducement to the acceptance of my application for training by Wooflands, I hereby agree to indemnify and hold harmless Wooflands, its employees, members and agents from any and all claims, or claims by any member of my family or any person accompanying me to any training session or function of Wooflands or while on the grounds or the surrounding areas as a result of any action of any dog, including my own.

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of owner: _____

(If a minor, Parent or Guardian must sign)

Date: _____

Nemacolin Wooflands Canine Performance Training Center

Aggressive or Disruptive Dog Policy

Any dog that exhibits unsafe or disruptive behavior toward other dogs, handlers, or instructors must be immediately brought to the attention of the Wooflands Manager. A further evaluation of the dog's behavior will be performed, and if it is determined that the dog will not benefit from the group class situation or poses a safety problem, the dog will be dismissed from class. If the dog has caused injury to another dog or person they shall be dismissed from class immediately. A partial refund will be given to the handler along with information on contacting a private behaviorist, if available.

I understand the above policy and agree with any decision regarding my dog's aggressive or disruptive behavior.

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of owner: _____

(If a minor, Parent or Guardian must sign)

Date: _____