

TRAINING CLASS REGISTRATION FORM

Owner's First and Last Name _____ E-mail _____
Primary Phone _____ W H C Alternate Phone _____ W H C
Mailing Address _____ City, State _____ Zip _____
Dog's Name _____ Breed _____ Age when class starts: _____

CLASS INFORMATION

Class Name: _____ (if prereq's are required, see box to right)

1st Choice – Date _____ Time _____

2nd Choice (if 1st is full) – Date _____ Time _____

Prerequisites (if applicable)

Class taken at Seattle Humane Society:

MM/YY Taken _____

PAYMENT INFORMATION (Select ONE option below, SEE CLASS SCHEDULE FOR PRICES)

1. Free training class for Seattle Humane Society (SHS) animals: **Animal ID #** _____
(Enrollment date, not class start date, must be within 30 days of adoption)
2. Discounted training class for SHS animals: Fill in payment info below AND **Animal ID #** _____
(For any animal adopted from SHS at any time, see class schedule for discounts)
3. General public: For all other animals, please fill in payment information below:

PAYMENT TYPE (select one)

Check enclosed Visa Mastercard American Express

CC # _____

Exp Date _____ V-Code _____ (3 digits on back of card)

CREDIT CARD MAILING ADDRESS (Select one)

Same as above Different address:

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT AMOUNT

****See class schedule for prices****

Subtotal \$ _____

Additional Contribution \$ _____

Total \$ _____

Office use only: Staff initials _____ Amount _____ Date _____

TERMS AND CONDITIONS: I hereby apply for enrollment in dog training classes at SHS under these conditions:

- Refunds or credits will be granted only for students who withdraw at least one week prior to the first day of class (less a \$10 handling fee). No refunds / credits will be granted after that point. This applies to adopters whose class fee is included in the adoption fee—credit for a future class will only be granted if you withdraw at least one week prior to the first day of class.
- My animal is current on vaccinations (kittens must have PROOF OF at least first set of vaccines and a negative FELV test);
- My animal meets the age requirements for the above specified class, listed on the most recent class schedule issued by SHS;
- I am aware of the risks from handling animals: property damage or injury to myself, to my animal(s) or to members of my family;
- For all classes with dogs present: Group classes may not be suitable for all dogs. With the exception of Reactive Rover, our classes are designed for dogs and puppies who are friendly to other dogs and people. Owners of dogs who have shown aggression (or very intense) reactions toward people or other dogs are encouraged to enroll in a specialized class (such as Reactive Rover) or take private lessons. If your dog shows aggression toward people or other dogs, or is disruptive to the class, (s)he may be dismissed from class and no refund will be granted. If you have questions or concerns about this whether your dog is suitable for class, please contact the instructor directly prior to enrolling.
- In consideration of being permitted to enroll in the above class, I do assume full responsibility for any actions of the dog entered above and agree to hold harmless and indemnify any person associated with SHS or Cascade Comets Dog Sports Club (Flyball only)

I have read, understand, and agree to the above.

Signature: _____ Date: _____

Find class information and register online at www.seattlehumane.org

Seattle Humane Society * (425)373-5385 * 13212 SE Eastgate Way, Bellevue, WA 98005