



Dog Talk Training and Wellness Sanctuary, LLC
Registration Form – Pet-Assisted Team Training Workshop



Please check: Level 1 Level 2

Name of person handling dog: _____

Address: _____ City: _____ State: _____ Zip: _____

Business / Occupation: _____ Website: _____

H or C: _____ Bus: _____ Email: _____

Call Name of Dog: _____ Breed: _____ Age: _____

Age Acquired? _____ From Where: _____ Sex: F M Spayed
 Neutered

1. Are you attending **with** your dog? Yes No

2. If yes, where and when have you completed a Level 1 positive technique training program?

3. Is there any type of individual or age group that that your dog avoids or seems uncomfortable around?

4. Has your dog ever been trained for bite work? _____

5. Do you have any hearing, visual or physical challenges?

6. Does your dog have any challenges that may affect his/her training?

7. What do you hope to accomplish (*goals that we can help you with*)?

8. How did you learn about this specialized training program (referral, Internet, other):

If your dog has had any *illness or skin disorder* in the last 6-months, state the nature of the problem and whether treated by a Veterinarian: _____

Name of Veterinarian: _____

Dates of Last Wellness Check & Rabies Vaccination: _____

Referred by: _____

A \$100 non-refundable fee is required to reserve a place in this 4, 1-hour, weekly class.

Payment by PayPal Online at [Dog Talk](#) | Check | MC VISA DISC

_____ Fax: 603-635-7441 | Mail Below

3-digit security code: _____ Date: _____ Exp. Date: _____

Signature: _____

Dog Talk Training and Wellness Sanctuary LLC
New England Pet Partners, Inc

WAIVER, LIABILITY, ASSUMPTION OF RISK
AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a dog training class, during private training, pet assisted therapy training or canine massage, workshop or event is not without risk to me, members of my family, guests who may attend, or my dog.

I hereby *WAIVE* and *RELEASE* "**DOG TALK Training and Wellness Sanctuary and New England Pet Partners**", its employees and agents (training facility) and facilitators for any liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog during class, workshops, events and in transportation to and from the same. I expressly assume the risk of any such damage, or injury, while attending any training sessions, in-home session, or other function of the class, workshop or event or while on the training grounds/facility, in the surrounding area or in my home during private sessions.

Signature of Owner(s), Handlers, or Authorized Agent:

Date: _____

DOG TALK | NEW ENGLAND PET PARTNERS | PET-ASSISTED THERAPY
TRAINING GUIDELINES FOR SAFETY AND ENJOYABLE LEARNING EXPERIENCE

Responsibility and Respect

ALL TEAMS, please be considerate and enter through the double doors with dogs on leash (no flexi-leads).
Be pro-active/responsive | be on time | shut off your cell phone!

- 🕒 Breathing is a requirement. It keeps the energy flow positive and calm for you and your dog.
- 🕒 **10/5:** Be aware of what's going on around you within 10-feet. Within 5-feet ASK before entering someone's (human or dog) spatial / comfort zone (dog and hospital rule).
- 🕒 Please walk your dog behind the closed gates in the sanctuary.
- 🕒 Clean up after your dog. Pooper Scooper, bags and disposal are available.
- 🕒 ***Read through your Pet Partner Team Training Manual before you attend or as you progress through class.*** Write notes or bookmark areas needing clarification.
- 🕒 Class is to review important criteria for pet therapy teams and practice skills for passing a Team Evaluation to become a Registered Therapy Team. **You** are required to complete your exam, forms and registration package. ***These classes are good nerve busters | confidence builders.***
- 🕒 **Dogs must be at least 1-year old, successfully completed a positive technique training class, and healthy.** Your dog's attendance is not required for Level 1 or Level 2.
- 🕒 Without judgment, be mindful that **not all dogs** "want" to be around other dogs or therapy dogs. Many dogs do very well one-on-one in therapeutic environments.
- 🕒 There is **no guarantee** that you will pass a team evaluation.
- 🕒 You are your dog's advocate, so if you intend to bring your dog, please manage your dog, OR leave them at home, especially for Level 1 - that requires ***focus, listening, observing and active participation.***
- 🕒 ***Only dogs are allowed for obvious reasons, although several species are accepted in therapeutic milieus.***

Pet Partner Team Training Manual: The PPTM is a requirement for all Registered Pet Partner Teams and can be purchased at [Delta Society](#) or order at 425-226-7357 | orders@deltasociety.org. Cost is \$37.50 plus S&H. Delivery is usually 3-days. This manual is valuable as a future resource guide.

Children

The [Delta Society](#) requires that children be 10 years old and accompanied by an adult. Adult and child are required to pay for these classes. Anyone under the age of 16 requires written permission from a parent or guardian to attend.

Weather (or other) Cancellations

You will be notified by an email called **Dog Talk Tail Flash** or email caninetraining@comcast.net.

Missed Classes (Make-Ups)

Please make an effort to attend every class. If you know in advance that you will miss class (travel, vacation) notify the instructor. These are 4-week, 1-hour sessions. If you need to make up more than one, we ask that you attend the entire class at the next start date.

Refund/Cancellation Policy

There are no refunds after a class session has begun. If there is a serious family illness, death or other extenuating circumstances, contact [Dog Talk](#) 😊