

Animals for Therapy™

www.animals4therapy.org

“GETTING READY FOR THERAPY WORK”

REGISTRATION FORM - FOR 2-WEEK TRAINING /DOGS ONLY

LOCATION: CANINE COLLEGE, 9797 W Colfax Ave Ste 3tt, Lakewood, CO 80215

HANDLER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

DOG'S NAME: _____

AGE: _____ BREED: _____ SEX: M F ALTERED? YES NO

HOW LONG AGO DID YOU ACQUIRE YOUR DOG? _____

DID YOU AND YOUR DOG PASS THE CANINE GOOD CITIZEN (CGC) TEST? YES NO

IF YES, WHEN AND WHERE: _____

***YOU MUST PASS THE CANINE GOOD CITIZEN TEST BEFORE REGISTERING FOR THIS CLASS.**

TRAINING SESSION REQUESTED: (please see our calendar for availabilities) _____

NOTE: YOUR DOG MUST BE UP TO DATE ON HIS/HER SHOTS BEFORE COMING TO CLASS.

PLEASE MAIL BACK THIS FORM WITH YOUR PAYMENT OF \$90 TO:

ANIMALS FOR THERAPY / TRAINING

17130 WEST 53RD AVE., GOLDEN, CO 80403

We will contact you by email or by phone to confirm your attendance. For more info: 303-507-8234.

Indemnity Form

Signature Please! I indemnify and hold Animals for Therapy trainers, evaluators, instructors, assistants, sponsoring organization(s), and facility owner(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 classes and Animals for Therapy training and evaluations including, but not limited to interactions with trainers, evaluators, instructors, assistants, handlers, or animals; pre-tests, screening or demonstrations involving my or others' pets; or transportation of my pet to or from the pre-test/training/evaluation site or within the pre-test/training/ evaluation site.

Signature

Date