

Register by:
Oct 3rd 2016

DePAW University, Canine Campus Inc.

Presents

Bridging the Gap w/Chad Mackin and Sarah Fulcher

October 8th and 9th

*****Registration Form*****

Form, Payment, and Vaccination Records (if bringing a dog) All due by deadline!

Register by Mail, Fax, Email, Phone or Stop by:

DePAW 100 S. Glengarry Dr. Geneva, IL 60134

p: 630-232-8663, f: 630-232-8667, e: education@depawk9campus.com

For additional information on the instructor or his/her course content, please visit our website at
depawk9campus.com

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Are you bringing a dog? Yes / No If Yes, complete required information below:

Required items from your vet MUST accompany this registration form and BE CURRENT – Rabies, Distemper, Lepto (if you live outside 25 miles of Geneva, Il), Bordetella (within 6 mo), Negative Fecal Result (within 6 mo)

Name and Phone of Veterinarian: _____

Name of Dog: _____ Breed: _____

Age _____ Sex _____ Spayed-Neutered: Yes / No **NOTE: Please bring leash, water bowl, crate, treats (optional)**

What would you most like to gain from attending this workshop: _____

How did you learn about the workshop? _____

Years of experience with dogs professionally (if applicable)? _____

_____ Paying by Cash _____ Check (made payable to DePAW Canine Campus) _____ Credit Card: circle one:

Credit Card Info- **** \$2 Service Charge will apply for all cc payments **** MC / Visa / Discover

Name as it appears on card: _____

Billing Address: _____

Card #: _____ Exp: _____ CCV: _____

Total \$ _____ (+ \$2) = Total Amount to be charged: \$ _____

I hereby give DePAW permission to charge my card for the amount specified above:

Signature: _____ Food Preference: Veggie _____ Meat _____

Liability Release:

I understand and agree that working with dogs and dog socialization is inherently dangerous, and injuries to me or to my dog, or to any dog I allow to participate can occur. I understand that DePAW University Canine Campus, it's owner and employees, instructors and any other participating trainer, will do everything they can to ensure that no harm will come to me and my pet, but they can make no guarantees. I also understand that not every dog brought to the workshop will be a viable candidate for the program and I expect no guarantees that my dog, or a dog I bring will be allowed to participate in the socialization sessions. I hereby agree to hold harmless DePAW University Canine Campus, its owner(s), staff, instructors, and any agents working for any of these entities for injuries, or death to my animal, any animal I may bring, or to myself.

Signature: _____ Date: _____

Printed Name: _____