

TTOUCH WORKSHOPS at Monadnock Humane Society

Indicate which session(s) you are enrolling in:

Session 1: Sunday, June 6, 2010 _____ Session 2: Sunday, August 8, 2010 _____

A full description of each session content is available online at: www.monadpets.org

Name _____ Home Phone _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Dog's Name _____ Age _____ Sex _____ Neutered/Spayed? _____ Breed _____

Does your dog have any medical problems or history of injury/structural problems? (Describe problem & treatment)

Describe any behavior problems or concerns you have about your dog and what you have done to address the issues.

What do you hope to gain from attending this workshop?

DOG POLICIES

- Prerequisite: Session 2: Participation in Session 1 or previous experience with the Tellington TTouch Method
- Enrollment will be limited to 20 dog/people teams and 10 additional people without dogs.
- Dogs attending the workshop must be healthy and up-to-date on vaccinations for Rabies. Please include your records.
- You are responsible for your dogs actions and must be able to keep your dog under control and quiet during the workshop.
This is an educational workshop not a rehabilitative clinic; dogs with a bite history may not be able to attend. If you have questions about your dog's suitability to participate call Leea Foran at 413-445-8843 to discuss your situation.
- Please bring a crate for your dog. There will be times when the dogs will be resting and we are doing other things.
- Bring a buckle collar or harness, 6 foot lead, Gentle Leader/Halti (if you use), treats, and a blanket or mat for floor work.

FOOD AND SEATING

- Bring your own lunch. A full kitchen will be available for your use.
- You will be working in chairs, on the floor and outdoors, dress for comfort and the weather. Bring a blanket or pillow.

PAYMENT

Full payment of \$110 is required to guarantee your reservation.

If you are registering for both the June and August workshops then full payment of \$200 is required to guarantee your reservations.

___ Check or money order enclosed payable to : MHS

___ Bill my credit card: ___ Visa ___ Mastercard Card Number: _____

Exp Date: ___/___/___ Print Name on Card _____

Signature: _____

On-line registration will be available at: www.monadpets.org

Mail with your completed registration and vaccination records to:

Monadnock Humane Society, Attention: Alice Sears, 101 West Swanzey Road, West Swanzey, NH 03446.

Phone: Alice at 603-352-9011 x 112 Fax: 603-358-6095

REFUND POLICY

Refunds issued only upon written request by 5/25/10 or 7/25/10