

Waiver

I hereby waiver and release Vet Pet counseling, Shannon M. Kiley DVM, and

_____ and their employees from any and all liability of any nature, for injury or damage which I or my dog may suffer from the actions of any dog including my own. I expressly assume the risk of such damage or injury while attending any training sessions, or any other function or while on the _____ and VetPet Counseling training grounds or the surrounding area.

Signature of owner or authorized agent(parent or legal guardian must sign for a minor)

Signature _____ *date* _____

CLASS RULES

1. An Adult must attend and participate in all classes with any minor under the age of 14.
2. There is only one handler at a time working the dog. Through the course of the class, family members may participate in the class or may trade off as the dog's handler. Due to limited space, we ask that young children remain at home.
3. We request that you pick up after your pet in and out of the building. Clean up tools will be provided.
4. Handlers and their family are not permitted in other areas of the hospital including, but not limited to , the pharmacy, boarding area and treatment/surgery suites.
5. Please wear enclosed footwear with a non-slip or rubber sole that will not slip off. We strongly discourage high-heeled shoes, sandals, and open toed shoes
6. All puppies must be on plain buckle collars(no pinch or chokers collars are permitted) and 6 foot leash(no flexies!!!)
7. Bring a hungry puppy and your choice of soft treats or as directed by instructor

VetPet Counseling and Shannon M. Kiley DVM is grateful to _____ for the use of this facility. Please be responsible and follow the above rules. Any student not in compliance may be asked to leave the class without a refund.