



Humane Society of Western Montana

SHELTER | ADOPT | EDUCATE | ADVOCATE

406.549.HSWM www.myhswm.org outreach@myhswm.org

PLEASE NOTE:

You must show current vaccination records by the start of class #1 or you will be excused from class and no refund will be given.

UPCOMING CLASSES

- **Puppy Kindergarten:** Mondays or Tuesday evenings 6:30-7:30 pm
- **Basic Manners:** Tuesdays 6-7 pm or Wednesdays 6:30-7:30 pm
- **Advanced/CGC Prep class:** offered as needed

NAME:

ADDRESS:

DAY PHONE:

EVENING PHONE:

EMAIL ADDRESS:

DOG'S NAME:

DOG'S AGE AT FIRST CLASS:

DOG'S BREED:

DOG'S SEX:

SPAYED/NEUTERED?

NAME OF CLASS:

START DATE:

ALTERNATE DATE:

GOALS YOU WANT TO ACHIEVE IN THIS CLASS:

How did you hear about HSWM's training classes?

PLEASE MAIL FORM AND PAYMENT TO: HSWM ATTN: TRAINING CLASSES, 5930 HWY 93 S, MISSOULA MT 59804
PLEASE MAKE CHECKS OUT TO **HSWM**. WE ALSO ACCEPT ALL CREDIT CARDS, PLEASE FILL OUT THE FOLLOWING:

CC #: _____ EXPIRATION DATE: _____ 3 DIGIT CODE ON BACK: _____

Liability release

I fully understand that attendance at a dog group training class is not without risk to my dog's handler, my family, my guests, my dog or myself. I hereby waive and release **Humane Society of Western Montana**, its members, employees, contractors and agents from any and all liability and claims, arising out of or relating to the class, or any and all such liability or claims made by any member or my family or any other person accompanying me, before, during or after this class. I understand fully that **Humane Society of Western Montana** accepts no liability and will hold **Humane Society of Western Montana** harmless in any way regarding training, injury or damage to any person or persons or animal or animals, or to any property, however caused, which results from the training of enrolled dog, or any negligence on the part of the pet owner, or any person or persons accompanying the pet owner, and against all costs, counsel fees, expenses and/or liabilities incurred in connection with any such claim, action or proceeding.

SIGNATURE:

DATE:

FOR OFFICE USE ONLY: TYPE OF PAYMENT: _____ AMOUNT: _____ DATE: _____