

CLASSES - JUNE/JULY—2019



Jeanne P. Gurnis
Director

White Plains School of Animal Training, Inc.

Office (914) 693-0667 / Fax (914) 693-5897
www.wpsat.net



Mary-Elizabeth Simpson
Assistant Director

CLASS LOCATION: SAINT MATTHEW'S LUTHERAN CHURCH
3 Carhart Avenue, White Plains, NY 10605
(Corner of Mamaroneck & Carhart Avenue—across from the YMCA)
Enter from the church parking lot on the Waller Avenue side

CLASSES OFFERED:

SERIES COST:

KPT-Beginners, Pre-Novice*CGC*TRICKS, Novice* meet Agility, Pet Therapy Class (includes test), Novice/Open..... \$175.00
Breed-Handling (6 week pre-pay discount cost or \$20 per night)..... \$100.00

MONDAYS JUNE 10 — JULY 22 No Class July 1	THURSDAYS JUNE 13 — JULY 25 No Class July 4
6:00 PM PRE-NOVICE*CGC*TRICKS	6:00 PM PET THERAPY CLASS (includes testing) (LIMIT 4)
7:00 PM KPT/BEGINNERS	7:00 PM NOVICE/OPEN
8:00 PM NOVICE* meet Agility (Instructor Approval Required)	8:00 PM BREED-HANDLING

REQUIRED:

- ◆ Pre-Registration—Class sizes are limited. **NEVER A LATE FEE!** Classes not filled are subject to Cancellation.
- ◆ Up-to-Date Vaccinations & Proof of Rabies (for all dogs over four months of age).
- ◆ Six foot leather, nylon, or web leash. **NO chain leashes, retractable or Flexi-leashes.**
- ◆ Comfortable clothing & shoes—preferably rubber soled shoes/sneakers - **NO HIGH HEELS, SANDALS or SLIP-ONS**
- ◆ All dog refuse **MUST** be picked up outdoors as well as indoors.
- ◆ **Young children must be under supervision AND sit quietly at all times!**

CANCELLATION / FEE POLICY:

- ◆ Full refund before session begins, less \$20 processing fee
- ◆ 50% refund between week 1 and 2
- ◆ **No refunds after 2nd week**
- ◆ **Registrations after session has started are not eligible for refunds**
- ◆ \$25 fee will be charged for all returned checks



Please fill out and detach along paw prints

JUNE/JULY 2019

Owner/
Handler Name: _____ Home/Cell Phone #: _____
Address: _____ E-Mail address _____
City: _____ Zip: _____ Referred by: Friend ___ Vet ___ Yellow Pages ___ Other: ___
Veterinarian's Name : _____ Breed of Dog: _____
Dog's call name: _____ Dogs Age: _____

FOR OFFICE USE ONLY
CA ___ CK ___ RABIES ___

Make Checks payable to W.P.S.A.T., Inc.—return Application & Payment to:
W.P.S.A.T., Inc., c/o 10 Jennifer Lane, Hartsdale, NY 10530-1219
RECEIPTS will be sent ONLY if a self-addressed, stamped envelope is enclosed with your application. **Applications received without payment do not guarantee placement.**

REMEMBER to SIGN YOUR name and indicate class desired on reverse side of paper

Training Agreement / Liability Waiver

I acknowledge that WPSAT, Inc. training premises and the animals, guests, and activities thereon, pose dangers to people and animals. Such dangers include, but are not limited to, animals that can bite, trip, knock down, and fight; indoor and outdoor surfaces that may be slippery, equipment that can trip, guests and clients who cannot control their dogs, and activities involving my dog(s) and/or other dogs that can result in injury from bites or other causes. Accordingly, I, on behalf of myself, my spouse and minor children, and anyone else whom I bring into the WPSAT, Inc. training premises, assume the risk of injuries, losses, damages, costs and expenses by any means above described, and other injuries, losses, damages, costs and expenses of every possible cause and description unless inflicted intentionally or recklessly by WPSAT, Inc., its Trainers and their agents. If Dog is injured in a dog fight or an accident, gets fleas, ticks or worms, contracts any illness or disease, is lost or stolen, becomes pregnant, or engages in any dangerous, vicious or unwanted behavior, during or after the term of this Agreement, on or off WPSAT, Inc. training premises, I accept the risk of the same and agree that WPSAT, Inc., its Trainers and their agents shall not be held responsible for it or any resulting injuries, losses, damages, costs or expenses.

If any dog I bring to the WPSAT, Inc. premises causes property damage, or bites or injures any dog, animal or person (including but not limited to WPSAT, Inc., its Trainers and their agents), during or after the term of this Agreement, on or off WPSAT, Inc. Premises, I agree to pay all resulting losses and damages suffered or incurred by WPSAT, Inc., its Trainers and their agents and to defend and indemnify WPSAT, Inc., its Trainers and their agents from any resulting claims, demands, lawsuits, losses, costs or expenses, including attorneys fees.

Client agrees that WPSAT, Inc., its Trainers and their agents will not be liable for any damage or loss resulting from the failure of the dog to respond to any commands taught by WPSAT, Inc., or resulting from counseling and/or advice supplied to the owner of the dog. The dogs behavior now and in the future is solely the responsibility of the owner of the dog. Should any behavior on the dogs part now or in the future result in damage to the property, owner or person of some third party, owner agrees to assume full liability to such third party for any and all such damage and to absolve WPSAT, Inc. of any and all obligations to pay for such damages to the third party.

I will not bring any dog into the WPSAT, Inc., training premises that has: bitten a person, has pending adjudication or administrative hearing pertaining to Dog, has been declared a dangerous or potentially dangerous dog, or vicious or potentially vicious dog, that has to be muzzled around people, or is a guard dog or protection dog.

It is at the discretion of WPSAT, Inc., its Trainers and/or their agents to terminate any dog that is 1) in the Trainer's judgment, dangerous or vicious to Trainer or any other person or animal, or interferes with the training of other dogs, or 2) the Client breaches any term or condition of this Agreement, 3) Client fails to pay the proper fees for the class.

The City of White Plains requires that all dog refuse be picked up. Failure to do so may result in expulsion from class and/or a \$100 fine. Place bagged refuse in designated outside container.

I have read, understand and agree with the terms & conditions set forth in the above Training Agreement / Liability Waiver.
Owner's Signature _____ Date: _____

I would like to enroll my dog(s) in the following:

1st Class Name: _____ Day _____ Time: _____

2nd Class Name: _____ Day: _____ Time: _____

Dog's Name: _____ Breed: _____

Previous Training: No: _____ Yes _____ (please explain) _____