HAWG

ALL BREED HERDING
INSTINCT TEST
October (Sat) 6, 2012

COST: $50/dog

Where: 3625 Kingburne Dr, Cobble Hill, BC, V0R1L0
   This is an outdoor facility so please come prepared for the heat or the rain(c;

When: October 6, 2012

Why: To see if your dog has herding instinct

Time: You will be given an approximate time after your registration has been received, please make sure to arrive early to give your dog time to settle in

What you need to bring: Leash (not a Flexi), Flat Collar, appropriate Weather gear (boots, rain gear, etc),
   somewhere for your dog to rest (there will be a cool area to crate your dog if you want to)

What you need to know: This is not an official CKC event, but every dog that shows interest, trainability, and
   stock sense will be given a certificate.

ALL DOGS MUST REMAIN LEASHED WHEN NOT BEING WORKED

SPACE IS LIMITED

Please note your space will not be considered confirmed until your payment and signed waiver has been received

If you have any questions please don't hesitate to contact:
Kristin at karab@telus.net, or 250-715-5844 or 250-743-2345
Please Mail: Registration, Signed Waiver and Check to: Kristin Thomson, Box 383, Cobble Hill, BC, V0R 1L0

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OWNER:_____ DOG:_____
(as you wish name to appear on the certificate)

BREED:_____ AGE:_____CALL NAME:_____
(if different then above)

EMAIL:_____PHONE#:_____

WHAT TRAINING HAS YOUR DOG HAD (herding or otherwise):
_____

_____

MORNING SPOT ☐   AFTERNOON SPOT ☐
(Although we will do our best to accommodate your preference we are unable to guarantee you will get your preference)

RELEASE FORM: I hereby release from responsibility the instinct test committee, HAWG Training Facility, Kristin Thomson, Anita Thomson & exhibitors/participants from any costs incurred as a result of any damage to my property, my dog(s), or me. I understand that I am responsible for any costs incurred as a result of any damages caused by my dog(s) to facilities, persons or animals. My signature acknowledges that I have read this form and that I am responsible for any costs incurred as a result of damages caused by my dog(s) to the facilities, animals and/or persons. Replacement cost of sheep is $150.00.

NAME:_____ DATE:_____
(Please print clearly)

SIGNATURE:_____