



**Mailing Address:**

AaTs MA  
9 Peggy Drive  
Millbury, MA 01527

**Training Location:**

Jacques Memorial Field  
294 W Main St  
Millbury, MA 01527

## **Animal Assisted Therapy Services, MA Dog Training Classes**

*The mission of Animal Assisted Therapy Services is to provide persons with physical, cognitive, or psychosocial disabilities the opportunity to experience the power of the human/animal bond as therapeutic intervention thus promoting lifelong health and wellness.*

### **POLICIES AND GUIDELINES**

**Enrollment:**

No one may participate in any AaTs activities until the following mandatory forms are filled out, signed, and dated by the appropriate party.

1. Registration Form
2. Liability Release Form
3. Photo/Video Release Form

AaTs staff is available for consultation throughout the application process and at any time during the program session. Please call with any questions, concerns, suggestions, or comments: (774) 242-0893.

**Attendance:**

- Regular attendance is expected from all participants. There are **NO** refunds for missed lessons.
- Participants who must be absent should notify the office by phone or email 24 hours in advance.
- In the event of unforeseen circumstances such as inclement weather or teacher illness, all reasonable attempts will be made to notify clients at least two hours prior to a schedule change. In the event that a lesson must be canceled, the client will receive a make-up lesson.

**Payment:**

All payments are due on, or before, the first lesson of the session via check, cash, or PayPal (kim.fontaine@aatsma.org). Please make checks payable to Animal Assisted Therapy Services MA and [mail to AaTs MA 9 Peggy Dr Millbury MA 01527.](mailto:kim.fontaine@aatsma.org)

**REGISTRATION FORM**

AKC S.T.A.R. Puppy

Intermediate Obedience

AKC Canine Good Citizen

Private Lessons

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

***(Please include a copy of rabies certificate and current vaccinations.)***

Veterinarian: \_\_\_\_\_

Medical Problems/meds/allergies: \_\_\_\_\_

Where was dog obtained/How long ago: \_\_\_\_\_

Referred by: \_\_\_\_\_

Housebroken?

**Yes / No**

Crate trained?

**Yes / No**

Any previous training? Behaviors dog knows/training methods used/trainer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Top behavior goal you want to focus on with your dog:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



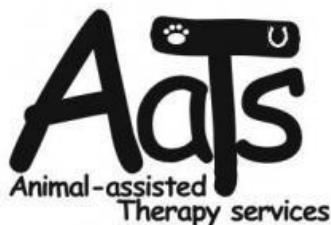
## LIABILITY RELEASE

(Name) \_\_\_\_\_ would like to participate in Animal Assisted Therapy Services' dog training program located at 9 Peggy Drive in Millbury, MA. I acknowledge the risks and potential for risks of working with animals, including the potential for bodily harm. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Animal Assisted Therapy Services, their respective Board of Directors, Instructors, Aids, Volunteers, and/or Employees for any and all injuries and/or losses sustained while participating in the program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **AUTHORIZATION FOR TAKING AND USE OF PHOTOGRAPHS AND VIDEO AND AUDIO RECORDING**

I AUTHORIZE ANIMAL ASSISTED THERAPY SERVICES (AaTs), and any person acting on AaTs's behalf, to take my photograph, or to create a video or audio recording of me, and to use that photograph or video or audio recording, or to use a photograph or video or audio recording previously taken by AaTs, for AaTs business purposes, including social media. I understand that AaTs's business purposes include, but are not limited to, the creation of AaTs-sponsored publications, educational materials, and external marketing. I acknowledge that I am not a professional actor and am not generally known to the public. I understand that any photographs or video or audio recordings created by AaTs are AaTs's property. I understand I will not be compensated for such photographs or video or audio recordings.

I hereby irrevocably authorize AaTs, or any person acting on its behalf, to edit, alter, copy, exhibit, publish or distribute any photograph or video or audio recording of me for the purposes described above. In addition, I irrevocably consent to such use or disclosure without my prior inspection or approval of the finished product including written or electronic copy, wherein my likeness appears.

I understand that AaTs is not responsible for any use or disclosure of any photograph or video or audio recording of me not authorized by AaTs. I hold AaTs harmless from any loss, damage or injury resulting from any such unauthorized use or disclosure.

**Full Name: (printed)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature (Parent/Guardian)** \_\_\_\_\_

**Date:** \_\_\_\_\_