



## Pet Partners® Team Training Workshop



**Saturday, January 9, 2010, 9:00 a.m. – 4:00 p.m.**

Exeter Hospital, 5 Alumni Drive, Exeter, NH

Delta Society® Licensed Instructor: *Lisa Karakostas*

**\$75.00/person includes the evaluation on October 17**

**(Note: Animals are NOT permitted at the workshop)**

**Travel directions available for printing from [www.elderpet.org](http://www.elderpet.org)**

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### Team (Animal/Handler) Evaluations

**Saturday, January 23, 2010**

**by appointment only**

Exeter Healthcare, Exeter, NH

Appointments for those attending the course and travel directions  
will be given out during the class on October 3.

Delta Society® Licensed Evaluators: *Pat Coughlin & Lisa Karakostas*

Prior to registration please be sure to CAREFULLY read the prerequisite information on the ElderPet website. Those teams attending the evaluations will be given a 20 minute appointment. Teams should plan on being at the evaluation site for about 45 minutes.

If you sign up for the evaluation and then decide you can not make it, we kindly ask that you let us know at least two weeks in advance, as we have people on a waiting list.

*If you would like more than one animal/handler team evaluated we may be able to accommodate if space allows. There is an additional \$25 fee per evaluation, however.*

***For questions or cancellations, contact:***

***Lisa Karakostas***

***Lkarakostas@ehr.org***



**Pet Partners ® Team Training Workshop &  
Team Evaluation  
REGISTRATION FORM Please PRINT legibly**

**Name:** \_\_\_\_\_

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

**City/State/zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please Check:**    \_\_\_\_\_ **Course only**        \_\_\_\_\_ **Course & Team Evaluation**

**Animal's Name:** \_\_\_\_\_

**Type (circle):**    **DOG**        **CAT**        **OTHER/Specify:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Neutered?** \_\_\_\_\_

**Age or Year Born:** \_\_\_\_\_ **How long lived with you?** \_\_\_\_\_

**Note:** If evaluating more than one team, please attach a sheet with the information on that animal or handler. \$25 per additional team.

Release Form:

I indemnify and hold the Delta Society and ElderPet harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorneys' fees arising out of acts or omissions of the Pet Partners Workshop and Evaluations, including but not limited to interactions with instructors, evaluators, attendees, or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the training site or within the training site.

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Amount enclosed:** \$ \_\_\_\_\_ **Checks should be made to ELDERPET**

**Mail form with fees to:** ElderPet, c/o Jeri Zezula, 26 Town Hall Rd., Madbury, NH 03823



**Pet Partners® Team Evaluation *Only***

**REGISTRATION FORM**

**For those only wishing an only an evaluation.**

**(\$25 per Team) Please PRINT legibly**

**Name:** \_\_\_\_\_

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

**City/State/zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please Check:** \_\_\_\_\_ renewal; \_\_\_\_\_ 2nd pet; \_\_\_\_\_ completed home-study

**Animal's Name:** \_\_\_\_\_

**Type (circle):** DOG CAT OTHER/Specify: \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Neutered?** \_\_\_\_\_

**Age or Year Born:** \_\_\_\_\_ **How long lived with you?** \_\_\_\_\_

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