

# Patrick Shannahan Training Clinic

*For young dogs and puppies*

**May 17 & 18, 2008  
Caldwell, ID**

Event coordinator: Dianne Deal

Cost: \$125/both days ISDA member or \$145/both days includes ISDA membership  
\$25 spectators/day

Event will be held at the Deal Horse Training facility or the farm at Patrick's. It includes a large indoor training arena, and outdoor pens and spaces. Be sure to bring appropriate clothes, notepads and a chair. Lunch will be provided, Call for a list of area motels.

Seminar will focus on starting and training young dogs. All levels of trainers are welcome, from advanced to newly beginning. Spaces are limited so get entries in early.

Make checks payable to Patrick Shannahan and mail to  
Dianne Deal  
17238 Plum Road  
Caldwell, ID 83607  
208-880-1974

Any questions? Call Patrick Shannahan at 208-249-1667 or Dianne Deal 208-880-1974

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

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

Dog's name: \_\_\_\_\_ Age: \_\_\_\_\_

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

I(We) certify that I(We) am(are) the owner or duly authorized agent of the owner(s), of the dogs, entered above. I(We) agree to hold the owner of the property, Shawn or Dianne Deal, Patrick Shannahan or their employees and helpers or any employees of the property where the clinic is held, harmless from claim for loss or injury which may be alleged to have been caused directly or indirectly to any person, dog, stock or thing by the act of this dog(s), while in or upon the trial area, or near any entrance thereto, and I(We) assume all responsibility and liability for any such claim. I(We) further agree to hold the aforementioned parties harmless from any claim for damages or injuries to the dog(s) incurred due to negligence of or by any of the aforementioned parties, or by negligence of any other person or any other cause or causes. In case of injury to any stock by the dog(s), I(We) will assume financial responsibility for any damages. I(We) will pay the full market value of any animal killed (\$150), seriously injured, or the veterinarian bill if so required. My signature and/or check consents to these conditions.

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