



***Service Dogs-Training for Success***  
FEBRUARY 15,16 2014  
Conference Registration Form  
Embassy Suites SeaTac international Airport  
15920 W. Valley Highway  
Seattle, WA 98188



This year the Assistance Dog Club of Puget Sound is joining forces with Dogs for Cures to offer a weekend filled with information about service dogs, diabetic alert dogs, laws governing service dogs, the role of the family to the assistance dog team and the importance of public access training. We have scheduled an exciting lineup of speakers and topics of interest for the weekend.

Conference Fees (includes Boxed Lunch) - \$55 for one day, \$100 for both days (*Closing Date is January 31, 2014*). *Check-in will occur between 8:30 – 9:00 on each day.*

### **Saturday – February 15, 2013**

8:30 to 9:00 - Check in  
9:00 to 10:00 - Service Dogs and Family Dynamics  
10:00-10:15 - Break  
10:15 to 12PM - Introduction to Medical alert Dogs - Rita Martinez  
12PM to 12:30 - Break  
12:30 to 1:30PM - Lunch and Round Tables  
1:45 to 3:30PM - Training Sessions  
    1. Diabetic Alert Dogs - Rita Martinez  
    2. Task Training - Get help and Retrieve - Jeanne Hampl  
3:30 to 3:45 - Break  
4:00- 4:30 - Q and A Panel

### **Sunday – February 16, 2013**

8:30 to 9:00 - Check in  
9:00 to 10:00 - Service Dogs and the Law  
10:00-10:15 - Break  
10:15 to 12PM - Diabetic Alert Training – Rita Martinez  
    Public Access Skills – Jeanne Hampl  
12PM to 12:30 - Break  
12:30 to 1:30PM - Lunch and Round Tables  
1:45 to 3:30PM –  
    1. Public Access Rally  
3:30 to 3:45 - Break  
4:00- 4:30 - Q and A Panel

The conference will host Ms. Jeanne Hampl and Rita Martinez as the key speakers. Their biographies are on page 2.



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Lunch on both days will offer you an opportunity for small group discussions on several different issues related to assistance dogs. Topics will include T-Touch, Exercising the Dog's Brain and Body, Being Prepared for Team Emergencies, Service Dogs and the Law follow-up and family Dynamics follow-up

***Rita Martinez, CPDT-KA, Owner of Clickin' Canines***

An expert in the training of medical alert and scent work, she primarily trains dogs for medical diabetic and seizure alert service dogs.

Rita is the owner of Clickin' Canines, LLC in California. She works one on one with clients to train assistance, hearing, and medical-alert dogs; also hosting several workshop/conferences per year for service dog–handler teams to further their knowledge and refine their skills.

As health professionals and the public began to recognize the ability of canines to serve as medical alert service dogs, she responded to requests to include medical-alert, scent-work training in her service dog program. Thus, she has been training dogs to do diabetic and seizure alert work successfully since these service dogs first came to wide use. At present, training diabetic-alert dogs is the bulk of her service dog business. Currently, Rita lives in a family that includes multiple diabetics, and is very close to her diabetic clients. This personal understanding of the disease has been critical in allowing her to design individual programs appropriate to the needs of each client.

***Jeanne T. Hampl, Hampl's Dog Obedience; NADOI#C962***

Jeanne T. Hampl is a registered nurse by profession and a dog trainer by avocation. She was the Executive Director of the Prison Pet Partnership Program at the Washington Correction Center for Women from 1994 to 1998. She served on the Program's Board of Directors from 1991 to 1994 and 1998 to 1999. Under her guidance a new kennel and Service Dog training center was constructed on the prison grounds. Jeanne has trained dogs and instructed clients for the past thirty years. She teaches private obedience classes as well as assisting person with disabilities to train their own service dog. She also is a Service Dog Access Specialist. Jeanne is the co-founder and current secretary of The Assistance Dog Club of Puget Sound. She is a certified member of National Association of Dog Obedience Instructors (NADOI) and serves as the chair of the Committee on Handlers with disabilities.

All registration forms must be submitted no later than January 31, 2014. Registration will be available on first-come, first-serve basis.

**CEUs**

The Service Dogs-Training For Success Conference has been approved for 16.5 CEUs for Dog Trainers by the Certification Council for Professional Dog Trainers (CCPDT).



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**Service Dogs-Training for Success**  
**CONFERENCE REGISTRATION**

Please complete the information below and mail a copy of the registration and payment to:

Jeanne Hampl  
7898 Greyhawk Avenue  
Gig Harbor, WA 98335

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Will you be bringing a Service Dog or Service Dog in Training? Y\_\_\_\_ N\_\_\_\_

Dog's name, age, breed? \_\_\_\_\_

If your dog is a DAD how long has it been providing diabetic alert service \_\_\_\_\_?

Previous trainer/organization you have worked with?  
\_\_\_\_\_

Spayed/Neutered \_\_Y\_\_N\_\_ Male: \_\_\_\_\_Female: \_\_\_\_\_

Is your dog current on all vaccinations required by WA State. Y\_\_\_\_ N\_\_\_\_

Are you a Dog Trainer? \_\_\_\_\_

**Conference Fees:**

\$55.00 a day or \$100.00 for both Days

Please make check payable to: **The Assistance Dog Club of Puget Sound**

Please enter "Conference" on the memo line. Note: registration fees are not IRS tax deductions.

I have read the rules for the conference and dogs and by signing my name on this registration form, I agree to assume all responsibility for losses, damages and claims arising out of injury or harm done during this workshop. I shall hold harmless and indemnify the dog trainers, Dogs for Cures, the Assistance Dog Club of Puget Sound organization and the Embassy Suites from any losses, damages and claims.

ADA Accommodations: **For questions about accessibility or to request accommodations please contact Jeanne Hampl at 253.853.1984 or email [assist\\_dog\\_club@hotmail.com](mailto:assist_dog_club@hotmail.com). We will try to fulfill any reasonable request if we are notified before January 15, 2014. Do you need any specific accommodations? If so, please use the space below to let us know.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Service Dogs-Training for Success**

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### **CONFERENCE PARTICIPATION GUIDELINES**

1. Include a payment of \$55 a day or \$100.00 for both days for the Conference Registration fee, plus other fees if applicable.
2. There must be signed forms submitted for each individual who is registering to attend as a conference guest.
3. Your assistance dog or one "in training" MUST be registered on the form provided herein.
4. All registration forms must be received no later than January 31, 2014 to qualify for certain amenities.

#### **General Conference Rules**

- <sup>a</sup> Due to the intensity of this conference no children under the age of 12 permitted. Children age 12 - 18 allowed with parental supervision.
- <sup>a</sup> Any participant that is disruptive to the workshop will be asked to leave. Any participant asked to leave will forfeit their registration fee. No refunds available.
- <sup>a</sup> Only one dog may accompany you during the conference workshops.
- <sup>a</sup> Your dog is your responsibility throughout the workshop. You must be physically able to control your dog at all times.

#### **Canine Rules - See Dog Registration Form – See Page 5**

- <sup>a</sup> All dogs must be in good health and clean without fleas/ticks.
- <sup>a</sup> Please call to request further information if you are unsure whether your Service Dog in Training should participate in the workshop.

#### **Cancellation Policy**

- Cancellations received prior to February 7, 2014 will be fully refunded, less the \$10.00 non-refundable deposit.
- Registrants that must leave the workshop early or are "No-Shows" are not eligible for a refund.
- All cancellations must be received in writing by the cancellation deadline. These may be sent via email to: [assist\\_dog\\_club@hotmail.com](mailto:assist_dog_club@hotmail.com). Or postal mail to:

Jeanne Hampl  
7898 Greyhawk Ave  
Gig Harbor, WA 98335

#### **• IMPORTANT •**

##### **Chemical Sensitivity**

Many people are highly allergic to perfumes and other scents. ADC, in an attempt to respect the needs of many of our members with chemical sensitivity, asks that you refrain from wearing any scented products while you are attending this conference

## **Payment Method**

Conference registration is \$55.00 a day or \$100.00 for both days. Full payment is due at the time of registration. Registration will close on January 31, 2014

I have enclosed a check or money order in the amount of: \_\_\_\_\_

You may also go online to register.

\*Box Lunch Options: Please check the box next to your preferred lunch choice for each day that you will be attending.

All boxed lunches are accompanied by whole seasonal fruit, freshly baked cookie, bag of chips, bottled water or assorted Coca-Cola soft drinks. (33% diet soda)

### ***Saturday, February 15, 2014***

\_\_\_\_\_ Turkey and Provolone

Sliced turkey breast piled high with provolone cheese, leaf lettuce and tomato with cranberry aioli on a ciabatta roll.

\_\_\_\_\_ Roast Beef

Served on a french roll with leaf lettuce, tomato, provolone cheese and tarragon dijon aioli.

\_\_\_\_\_ Roasted Vegetable

Herb roasted aromatic vegetables wrapped in a tomato basil tortilla with wild arugula, tomato, mozzarella and balsamic vinaigrette. Salad served with roll and butter, cookie and bottled water or assorted Coca-Cola, soft drinks.

\_\_\_\_\_ Strawberry Fields Salad

Slices seasoned chicken served on a bed of mixed greens with mandarin oranges, dried cranberries, fresh sliced strawberries, blue cheese crumbles with a poppy seed dressing on the side.

### ***Sunday, February 16, 2014***

\_\_\_\_\_ Ham and Swiss

Smoked ham on a buttered french roll with local swiss cheese, leaf lettuce, tomato and a honey mustard aioli.

\_\_\_\_\_ Turkey and Provolone

Sliced turkey breast piled high with provolone cheese, leaf lettuce and tomato with cranberry aioli on a ciabatta roll.

\_\_\_\_\_ Roasted Vegetable Foccaccia

Sliced Cucumbers, Sweet Bell Peppers, Olives, Field Greens, and Tomatoes with Pesto Cream Cheese Salad served with roll and butter, cookie and bottled water or assorted Coca-Cola soft drinks.

\_\_\_\_\_ Grilled Chicken Caesar Salad

Grilled Chicken Breast Served on a Bed of Fresh Hearts of Romaine, Shaved Parmesan, Herb Croutons and Caesar Dressing Served on the Side.

## POLICIES FOR TEAMS IN ATTENDANCE

In recognition of our role in the assistance dog community, the following behavioral guidelines have been adopted.

1. All dogs must be clean, well-groomed and housebroken.
2. Any dog that disrupts the conference with unruly behavior or shows aggressive behaviors towards people or other dogs such as barking, growling, lunging, snapping or biting will have to leave the conference and may not return.
3. All dogs are to be on leash and must be under physical leash or harness control of their partners or another responsible adult at all times. Dogs may not be left on Stays while handlers are moving about.
4. All assistance dogs must be treated humanely.
5. All dogs must be in good health and clean without fleas/ticks.
6. Females in heat are not allowed.
7. Dogs must remain on leash at all times. 6 foot and 4 foot leashes permitted.
8. Dogs must eliminate in designated areas. Owners are responsible for proper cleanup and disposal of dogs waste.
9. Canine Good Citizen skills (at a minimum) should be expected from all participating dogs. Your dog will be asked to leave if any threat is shown towards another dog or human. No refund will be given.
10. Please call to request further information if you are unsure whether your Service Dog in Training should participate in the workshop

While we may feel that we know our own dogs quite well, it is always important to understand that we have a responsibility to be aware of the fact that another person's dog may have recently experienced some type of trauma and would be uncomfortable if your dog is free to "get into his/her space". We owe it to our fellow conference guests to maintain control of our dogs at all times, for the safety and enjoyment of all.

### Please Register Your Service Dog's Information Here:

Dog's Name: \_\_\_\_\_ Breed/ breed mix: \_\_\_\_\_ Age \_\_\_\_\_

My dog is a:  Service Dog  Service Dog "in training

With my signature below, I indicate that I am the dog's handler and I have read this document, agree to abide by these policies and understand there will be no refund if the team is required to leave or if the dog is excused for inappropriate conduct and I choose not to return later without the dog:

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

## Patient Health Information Consent Form – HIPAA Consent

The undersigned has been asked to provide his or her consent to Dogs for Cures and the Assistance Dog of Puget Sound, to use the undersigned's name, likeness, biography, any personal health details that, as well as photographs and video clips, he or she has provided or may provide to the Dogs for Cures. Such use may be for any purpose relating to Dogs for Cures' and the Assistance Dog of Puget Sound goals for education and empowerment.

This HIPAA Consent Form pertains to protected health information (PHI) under the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule standards address the use and disclosure of PHI by covered entities, as well as standards for an individual's privacy rights to understand and control how his or her health information is used.

The term "covered entities" generally refers to individuals and group plans providing or paying for the cost of medical care so it does not appear that Patient Power is subject to HIPAA. However, in keeping with its goal to protect and empower people living with disabilities, Dogs for Cures and the Assistance Dog of Puget Sound informs the undersigned that his or her PHI may be disclosed during the course of participation in one of Dogs for Cures' programs.

This consent is given in connection with a voluntary and free participation in a Dog for Cures and the Assistance Dog of Puget Sound program. The consent shall also extend to other uses of information from the undersigned within Dogs for Cures and the Assistance Dog of Puget Sound goal of education and empowerment.

The undersigned agrees that a patient's written consent need only be obtained one time under HIPAA for all subsequent care given the patient. However, a patient may provide a written request to revoke consent at any time during care. In the event the undersigned makes such a request, he or she understands and agrees that this will not affect the use of information provided to Dogs for Cures and the Assistance Dog of Puget Sound here under prior to the request being made.

The undersigned understands and agrees that he or she is under no obligation to sign this form. By signing below, he or she further understands and agrees that his / her PHI may be used by Dogs for Cures and the Assistance Dog of Puget Sound, consistent with Dogs for Cures' and the Assistance Dog of Puget Sound policies and procedures associated therewith. The undersigned is entitled to a more detailed account of policies and procedures concerning the privacy of his or her PHI, upon request.

Current contact information for the undersigned is on the front side of this Consent Form.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If participant is a minor, name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Agreement, Consent and Release

I, the undersigned, grant to the Assistance Dog Club of Puget Sound and Dogs For Cures and/or their assignees, permission in perpetuity throughout the world to use my likeness, name, performance, recording and/or voice as photographed and/or recorded by them for uses connected with the promotion, exhibition, reporting or advertising of the Assistance Dog Club of Puget Sound and Dogs for Cures

I hereby release you, your volunteers, independent contractors, licensees, successors and assignees including, but not limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands or causes of action which I have or may hereafter have, by reason of the photographing, recording broadcast, that may be from time-to-time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any event.

I further agree that International Association of Assistance Dog Partners shall own all rights, title and interest, including any copyright, in and to anything produced pursuant to the right granted to the Assistance Dog Club of Puget Sound and Dogs For Cures and that this waiver and release is binding on my heirs. I affirm that I am more than 18 years of age.

Signature:	Date:
Print Name:	
Street Address:	Phone:
City:	State/Zip:

If the conference guest being registered is under the age of eighteen years, the consent of a parent or guardian is required as follows on this Media Agreement, Consent and Release form:

I hereby certify I am the parent or guardian of \_\_\_\_\_ named above and do hereby give my consent without reservation to the foregoing, on behalf of this person.

Parent/Guardian's Name: Please Print

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

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A copy of this form must be filled out, signed and dated, by you and by every individual you register as a guest or personal assistant or this Registration cannot be processed as it would be incomplete.**



## Nearby Veterinary Clinics

### **Renton West Veterinary Hospital**

607 SW Grady Way Suite 100

Renton, WA 98057

425.226.3360

info@rentonwestvet.com

Monday, Wednesday, Friday 8:30 am - 6:00 pm

Tuesday, Thursday 9:00 am - 7:00 pm

Saturday 8:30 am - 2:30 pm

Fees and Payments are expected at the time of service.

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### **VCA Five Corners Animal Hospital Emergency Care**

VCA Five Corners Animal Hospital offers primary care appointments and 24-hour emergency and critical care services seven days a week, 365 days a year. We never close our doors and never let an answering machine take our calls. If you need assistance, please do not hesitate to call us at any hour of the day or night.

15707 1st Ave. South  
Burien, WA 98148  
Phone: 1-206-243-2982

#### **BUSINESS HOURS**

Mon-Sun Open 24 hours

Primary Care Appts are offered from 7:30a-7pm 7 days a week

Emergencies 24-Hrs every day