



Your Dog's Place

"Where it's all about you & your dog"



Working with "Reactive" Dogs



4 Hour Workshop with Dee Ganley CPDT, CACB

SATURDAY, JUNE 5, 2010 • 1 pm - 5 pm

Does your dog have "outbursts" of barking, growling, and spinning when he catches sight of other dogs or people?

If your dog just can't watch without reacting, then this is the workshop for you.

Exercises include walking dogs side by side, towards each other doing drill exercises and all sorts of games. The focus of each exercise is for the dog to learn how to maintain self control in all situations. Changing the dog's response to the stimulus will come from:

- Desensitizing - Self Control - Relaxation - Familiarization - Confidence
- Program of rewards: a relationship of reinforcement from the handler and increasing and diminishing behavior through high and low level rewards
- General training and learning - Communication - Fun and Games - Tricks
- Management of situations, for safety and good health

- Anticipation - Reading Environments - Avoiding Situations - Handling and Being Handled
- Managing and self control of the people who influence the dog's behavior, their dog family members and humans too
- Social skills - learning how to react, how to trust and read other dogs and play self control skills
- Relaxation and stress reduction for every day and extreme situation through:
 - *Touch - massage - learned relax - specific exercises - management of the environment lifestyle*
 - *Targeting to provide a strategy for avoidance with a healthy focus*

COST: \$150 (Auditors - \$75) To Register Call Sue at (570)729-8977

Space limited to 6 working teams

CEU's Pending Through CPDT and IAABC

Dog Training Classes & Behavioral Consults

Your Dog's Place, LLC - (570)729-8977 • yourdogsplace@yahoo.com

Reactive Dog Workshop Registration

Your Dog's Place, LLC

Honesdale, PA **Ph:** (570) 729-8977 or (570)493-2353 **Email:** yourdogsplace@yahoo.com

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Cost of Class: \$150 Dog/Handler Teams **Date:** Saturday June 5th, 2010
\$75 Auditor

Location: Your Dog's Place **Time:** Registration 12:30 PM Workshop 1-5PM

Payment: Cash or Check payable to Your Dog's Place, LLC, Payment must accompany registration.

Your Name _____ Dog's Name _____

Address _____ Zip _____

Day Phone _____ Evening Phone _____ Cell _____

E-Mail _____

Dog's Breed or Type _____ Age _____ Sex _____ Weight _____

Veterinarian Name and Phone _____

Please bring a copy of your dogs current vaccinations (Rabies & Distemper) or vet letter indicating titre levels.

Does your DOG have physical limitations or medical problems? Y / N What _____

Is the dog on medication at this time? Y / N What _____

Do YOU have any physical limitations we should allow for in class? Y / N Explain _____

General Agreement: In consideration of the acceptance of this registration, and the holding of classes, and the opportunity to have the dog participate, I agree to hold Your Dog's Place, LLC, Susan Frisch and any guest trainers and assistants, the premises upon which the classes are to be held and their employees and their assistants, harmless from any claim for the loss or injury which may be alleged to have been caused directly, or indirectly to any person or thing by any act of dog or person while in or upon the premises or grounds or near any entrance thereto. I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim of loss of this dog by disappearance, theft, death or injury to be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or causes. I hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss expenses, including legal fees, by reason of the liability imposed by law upon any of the aforementioned parties for damage and expenses.

Photo/E-Mail Release: Signature on this form allows Your Dog's Place to use class videos and photos for educational and public relations purposes.

Class Fees are Non-Refundable and Non Transferable.

Signature _____ Date _____