



**Application for The Heart of Canine Water Therapy - Level 1  
Offered by La Paw Spa**

**Please print this form, complete, include your check/money order and send in!**  
*Please feel free to use additional paper if you would like to expand on any of your answers.*

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Your Current Occupation

Male

Female

**Your Interests**

Your interest in this work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your interest/love of being in the water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you like to give massage? \_\_\_\_\_

Do you like receiving massage? \_\_\_\_\_

Your other outside interests and hobbies: \_\_\_\_\_  
\_\_\_\_\_



## Your Inspiration

Your inspiration for becoming interested in this path of service: \_\_\_\_\_

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## Your Experience

Your experience with dogs: \_\_\_\_\_

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Your experience with people: \_\_\_\_\_

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Do you like people? \_\_\_\_\_

The relevant classes you have taken: \_\_\_\_\_

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## About You

Your physical health and condition - how much weight can you lift: \_\_\_\_\_

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Any other comments or relevant information that you care to provide: \_\_\_\_\_

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## Your Dreams and Aspirations

If you absolutely could not fail and you could have anything you wanted in life, how would you use your interest in canine water therapy? What would this business look like? Services offered? Dare to dream and write it here:

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## Personal Preferences

Would you like me to share your email address with your class mates so that you can perhaps coordinate and share transportation, lodging and meal ideas and plans?

Yes

No



**Select Your Class Options for  
The Heart of Canine Water Therapy  
Level 1**

Options Available	Total Price	
<b>The Heart of Canine Water Therapy-Level 1</b>	\$1,950.00	
<b>(Deposit must be a minimum of \$500 which is non-refundable)</b>	<b>LESS DEPOSIT INCL:</b>	
<b>NOTE: Any remaining balance must be paid at least 60 days prior to class.</b>	<b>REMAINING DUE:</b>	

**Note:**

Level 1 will be held in Sequim, Washington.

**Select Your Class Date**

Please visit [www.lapawspa.com](http://www.lapawspa.com) (Training Opportunities menu item) for the latest dates and status on class availability.

\_\_\_\_\_  
First Choice for Date

\_\_\_\_\_  
Second Choice for Date

I, the undersigned, am engaging Cindy Horsfall and La Paw Spa, LLC, for the purposes of providing me with instruction in Cindy's experience of Canine Water Therapy. I understand that this class does not give me legal license to practice or satisfy any legal requirements of any kind. I further agree to release and hold harmless from any and all liabilities and will take these classes at my own risk. I understand that this is a release of all current and prospective claims and that I am of legal age to sign. I understand that upon receipt, Cindy will confirm availability and let me know. Should I need to cancel, I understand that all monies paid for class are non-refundable unless Cindy can fill my spot.

\_\_\_\_\_  
Your Signature Required

\_\_\_\_\_  
Date

**Please make checks payable to  
"La Paw Spa"  
and send completed application with your deposit to:**

**La Paw Spa Administrative Office  
325 E. Washington Street, #237  
Sequim, WA 98382**