PLEASE PRINT CLEARY

STUDENT INFORMATION -	Doturn this form	filled out when	auhmitting your	caca studios
STUDLINT INFURIMATION -	- Return this form	i illeu out when a	submitting your	case scuules.

Business Name: _			
Best number for t	the instructor to reach you: _		
Best email addre	ss:		
Mailing Address: 			
	Anything you would like to	mention to the instruct	or?
	the enclosed information is r I am verifying the therapy ca photographs are co		
	t:		Date:

STUDENTS

WHEN SENDING US BACK YOUR CASE STUDIES IT IS RECOMMENDED TO:

- 1. MAKE A COPY OF ALL MATERIALS TO KEEP AT HOME FOR YOUR PERSONAL RECORDS IN CASE THE PACKAGE IS LOST IN THE MAIL.
- 2. SEND YOUR PACKAGE TO US CERTIFIED MAIL AND RETAIN THE TRACKING NUMBER FOR YOUR RECORDS IN CASE ITEM IS LOST IN THE MAIL.

THANKS

ISBUSA TEAM

PET OWNER PERMISSION TO USE MEDICAL RECORDS AND PHOTOS/VIDEOS

l,							(nam	e of p	et ov	vner)
owner of						(pet's no	ime)	do	her	eby
authorize	the	sharing	of	my	pet's	medical	records		to	
							(name	e of	pet	skin

care/grooming provider) and Iv San Bernard USA for case studies for the Certified Pet Aesthetician Program. I understand my pet's information will be presented to Iv San Bernard Instructor in an anonymous case study form by the above mentioned pet skin provider/groomer.

In the unlikely event that a pet does not respond as expected, I do not hold Iv San Bernard USA responsible for any injuries, illness or liabilities resulting in the treatment of the skin and hair needs. I understand this is a learning experience for the skin care provider/groomer and there will be some trial and error however, due to the nature of the products and years of documented use, it is highly unlikely any problems will occur from using any Iv San Bernard product.

I also authorize the use of my pet's pictures/videos and history this case study to be anonymously used in all educational and marketing arenas for educational and promotional purposes by the pet skin care provider/groomer and Iv San Bernard USA.

I also understand that I need to commit my pet to a minimum of 6 weeks of participation and will not use any other pet skin care products or topical applications during this program unless recommended by a licensed veterinarian.

(Signature of Pet Owner)

(Date)

(Printed Name of Pet Owner)