

ASC of Montana Three-Day Stock Dog Clinic

Billie Richardson

June 8-9-10

Clinic Overview

The Australian Shepherd Club (ASC) of Montana is hosting a three-day Stock Dog Clinic, led by renowned Billie Richardson. The clinic will be held on June 8-10, 2026 at Millers Arena, located at 16315 Touchette Lane, Frenchtown, Montana.

Schedule and Registration

This is a three-day clinic. Registrations will be accepted starting April 24 (postmark date) until the clinic is full. Payment must accompany your registration. All entries include deli sandwich lunch. The clinic is limited to 10 dogs per day. If space remains after initial registration, single-day entries will be accepted at a cost of \$150 per day.

Clinic Fees

- Working Spots-\$150 day. Three-day discount-\$400 for members.
- \$50.00 per day for auditors (including lunch)

About the Clinician: Billie Richardson

Billie is a well-respected international clinician whose accomplishments in the trial arena are widely recognized. She believes a well-trained stockdog should be able to think independently while working with clarity, respect, and a solid understanding of pressure. Her training style is straightforward and consistent, helping dogs develop the judgment to move stock sensibly while maintaining respect for both the handler and the livestock.

Billie's goal is to help handlers discover the full potential within themselves and their dogs. She encourages teams to focus on their own progress rather than comparing themselves to others in the arena. When you stay committed to your own goals, you give them the greatest chance of becoming reality.

Whether on the ranch or in the trial arena, mutual trust and respect remain the foundation of successful teamwork.

What to Expect at a Billie Clinic

Participants can expect a calm, quiet training environment where the focus is on teaching dogs to manage livestock effectively and respond to their handlers. Every lesson is built on her 4 key points: firm and fair guidance with mutual trust and respect.

Registration Information

You may choose to register for either one, two or all days of the clinic. Preference will be given to those registering for all three days. Registration forms will be accepted (postmarked) beginning April 24 until the clinic fills. Payment must accompany your registration. If your entry is received after the clinic is full, you may request to be added to a waiting list; otherwise, your entry and fees will be returned.

Registration Options

- ASC of MT member
- Join ASC of MT: Include membership application and \$20 annual dues
- Non-member of ASC of MT
- Auditor

Include clinic fees with your registration. Make checks payable to ASC of MT.

Submission and Contact Information

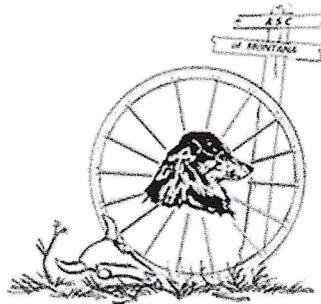
Send your forms, signed agreement, and fees to:

ASC of MT
c/o Gina Larson
22771 Middle Rd.
Greenleaf, ID 83626

For further information, contact Gina Larson:

Email: windmillaussies@outlook.com

Phone: 208 590-8137



Stock Dog Clinic Registration Form

You may sign up for one, two or all days. Entrants choosing to participate on all three days will be given preference. **Clinic Registrations will be accepted (postmarked) from April 24th until the clinic fills.** **Payment must be included with your registration.** Please indicate whether you would like to be put on a waiting list if your entry is received after the clinic has filled. Otherwise, we will return your entry and the included fees.

I would like to register for the stock dog clinic. (Check one of the following)

- I am an ASC of MT member_____.
- I would like to join ASC of MT and I have included a membership application and the \$20.00 annual dues with my registration_____.
- I am not currently an ASC of MT club member_____.
- I would like to participate as a Handler on: All 3 days_____ Mon_____ Tues_____ Wed_____
- I would like to audit the clinic: Monday_____ Tuesday_____ Wednesday_____.

Clinic fees included_____. Make checks payable to ASC of MT.

Handler Name:
Address:
City:
State:
Phone:
Email:
Dog's Name:
Dog's Breed

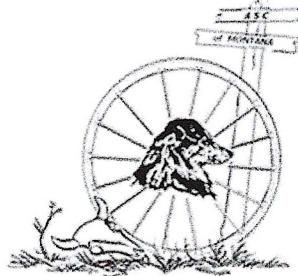
Experience level: Beginner_____ Novice_____ Started_____ Open_____ Advanced_____
Use an *H* to indicate handler experience level and a *D* for dog's experience level. Use an *A* if you are auditing.

Please note the membership application form and the Agreement on the following page. Be sure to include a signed agreement with each registration form that you submit.

Please fill out **Registration form**, **Agreement** and **Membership form**, sign them, and mail them with included fees to:

ASC of MT
c/o Gina Larson
22771 Middle Road
Greenleaf, ID 83626

For further information:
Gina Larson
email: windmillaussies@outlook.com
phone: 208 590-8137



AGREEMENT

Herding is inherently a dangerous activity. Dogs, livestock, and people may be injured during herding. Therefore, in consideration of my working livestock with my dog, I agree with the following:

1. Livestock/facility Owner has right to refuse to let me or my dog work stock.
2. Livestock/facility Owner, Clinician and ASC of MT (including its officers and members) will be held harmless from any claim, loss or injury which may be alleged to have been caused by this dog while in or about the event premises.
3. I (we) personally assume all responsibility and liability for any claim against this dog, and I (we) further agree to hold the parties harmless from any claim for loss, injury, or damage to this dog.
4. I (we) will pay for any injuries or replacement value in the event of serious injury to the livestock caused by my (our) dog.
5. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend, and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such injuries, death, or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons.

Name: _____

Dogs _____
Name _____

Signature _____ Date _____

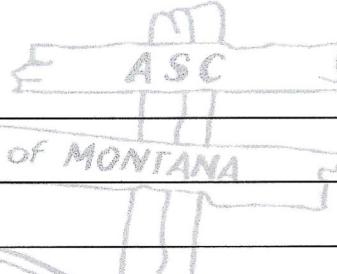
Australian Shepherd Club of Montana

Membership Application

Membership Year 20 Individual-\$20 Family \$25 Junior (non voting)-\$5

Return completed form with a check payable to ASC of Montana to:

ASC of MT
c/o Susie Gonaver
126 Buckskin Run
Whitefish, MT 59937



Applicant's Name _____

Co-Applicant's Name _____

Co-Applicant's Name _____

ASCA# _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ cell/home _____

E-mail _____

I, the applicant(s), agree to abide by the constitution, bylaws, policies, procedures, rules and regulations, code of ethics, and dispute resolutions of both the parent club-Australian Shepherd Club of America (ASCA) and this Club-ASC of Montana.

Signature of ALL Applicants:

Areas of Interest:

Set Up Take Down Timer/ Scribe Stock Setter Other _____

Notice: Dues must be paid before you are eligible to vote. Annual dues will not be pro-rated by date. The fiscal year will be January 1 through December 31. To serve as an officer or director, you must be a member of the Australian Shepherd Club of America (ASCA). You do not have to own an Australian Shepherd to be a member.