FALL 2026 - PATRICK SHANNAHAN CLINIC

Saturday and Sunday, September 19-20, 2026
At the home of Lonna Jean Conroy
3470 S. Marsh Creek Rd. * McCamon, ID 83250
STARTING TIME 9:00 AM EACH DAY

The Eastern Idaho Stock Dog Association is proud to once again bring the 2010 National Sheepdog Champion, Patrick Shannahan, to our area for a stock dog handling clinic. Patrick is an internationally known handler, clinician, and judge. He trials extensively and in addition to the 2010 championship, has also won reserve National Sheepdog titles. In 2005 he was chosen to be on the team representing the United States at the World Trial. Patrick brings a wealth of knowledge to his clinics. He has experience with all breeds of stock dogs as well as a working knowledge of all classes of stock. His instructions are easy to follow and understand and he will help bring out the best in you, and your dog. All levels of dogs and handlers are welcome. **Questions?** Please contact: Lonna Jean Conroy, ljconroy48@gmail.com, 208-251-2456 ***OR*** Sue Switzer, shepherd83301@gmail.com, 208-731-5998.

FEES: $375/dog for first dog (includes 2026 individual dues of $25), $350 for each dog thereafter. Handler fees cover lunch for both days of the clinic. The Clinic is limited to 15 dogs (first paid/first in). No limit on auditors. You must be preregistered and have all club fees paid to hold a slot for a dog.

Audit fees: Club members who have paid 2026 dues, $15/day. Non-members, $25.00/day or $40.00 for the weekend. Auditors may pay a $15 fee to cover lunch each day or bring their own lunch. Auditors may pay a $15 fee to cover lunch each day or bring their own lunch.

Please make checks payable to E.I.S.D.A. and mail to: Club Treasurer, Lonna Jean Conroy, 3470 S. Marsh Ck. Rd., McCammon, Idaho 83250. Venue directions and rules will be emailed to registrants.

Cancellation policy: Once you have paid into the clinic there will be no refunds. If for any reason you are unable to attend, you may sell your spot to someone else. Please notify Lonna Jean if you sell your spot or to inquire about a waiting list.

ENTRY FORM

Handler's Name: _____ Name of Dog(s): _____
Address: _____ City _____ State _____ Zip_____
Telephone: _____ Email: _____
Breed of Dog(s): _____
Experience of Dog(s): Novice: ____ Intermediate:____ Advanced: _____
Auditors: 1st Day: ____ 2nd Day: ____ Both Days: ____ As an auditor, I wish to purchase lunch ____

I do hereby agree to observe all venue ground rules. In the event of injury to me or my dog, I will not hold responsible the owner(s) of property, employees, sponsors of the clinic, helpers, or the clinician. I also agree to pay for any damage to livestock or property caused by me or my dog(s) during the clinic. (Vet bill, if applicable, or $250 to replace an animal.) I acknowledge that sheep will be brought into the working area by the stock owner or her designated helper and I will not help or interfere in this process unless specifically requested to assist by the stock owner.

SIGNED_____**Date**_____