

Dog Training Agreement and Release Form

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Pet's Name: _____ Age: _____

Breed: _____ Gender: _____

Veterinarian: _____ Vet phone: _____

Client makes the following representation about their dog (please write yes or no):

1.	Has the dog has been neutered or spayed?		5.	Has the dog ever bitten a person?	
2.	Is the dog friendly towards children and adults?		6.	Has the dog ever been declared dangerous?	
3.	Is the dog friendly towards other animals?		7.	Is the dog the subject of a quarantine order?	
4.	Has the dog ever started a fight with another dog?		8.	Does the dog have any food allergies?	

If you answered "no" to any of the questions 1-5, please explain here:

If you answered "yes" to any of the questions 6-8, please explain here:

Next to the service for which you are enrolling, please sign your initials to show that you have read and understand the service being offered and what is expected of you in relation to the service.

_____ **Beginner Obedience Class** – I understand that the Beginner Obedience Class is a commitment for one hour per week on the designated class day for six consecutive weeks, unless the class falls on a major holiday. I understand that if I am to miss a class for any reason, I am not guaranteed a make-up lesson or refund. I understand that should my dog show signs of aggression or reactivity that disturb the

rest of class, my instructor reserves the right to ask me and my dog to leave the class. Should this occur, I understand that the remainder of my fee will be transferred to private lessons or refunded. I understand that refunds will not be available after the first session of the six-week course, unless it was the instructor's decision to remove me from the class.

_____ **Private Obedience or Behavioral Lesson** (One Hour or Half Hour) – I understand that I am expected to be honest and forthcoming when discussing my dog's temperament and behavior with my instructor. I agree to respect the time frame for which I have been booked, and understand that my lesson begins as scheduled, whether or not I have arrived on time, and "going over" that time frame is at the discretion of my instructor and his/her schedule. I understand that cancellations need to be made 24 hours in advance and that a "no-show" for a scheduled appointment will be counted as a lesson and will not be refunded.

_____ **Potty Training Clinic** – I understand that this is a human-only clinic that my dog does not need to attend. If I absolutely do need to bring my dog, I understand that my instructor may ask me to crate my dog if needed.

_____ **Puppy Socialization** – I understand that while my puppy will get to play with other puppies during this hour, the main purpose of the hour is to be educated on canine body language and appropriate play. I further understand that in order to receive this education, I need to be involved in what is going on and active in my understanding. While it is wonderful that my puppy is releasing some energy, I understand that I am not attending Puppy Socialization just to "give myself a break" from the puppy. I also understand that there is a one-year age limit and a 40-pound weight limit for the puppies that attend. I understand that if my puppy looks older or heavier than these limits, my instructor reserves the right to ask me and my puppy not to return to this particular service.

_____ **Board-and-Train** – I understand that my dog will receive one hour of training with the instructor per day in addition to boarding and play sessions. I will also receive a one-hour "checkout lesson" when I come to pick up my dog, as well as a video of my dog that I can reference once we get home. I understand that the Board-and-Train package sets a foundation for training for my dog, but it is my responsibility to maintain and build upon this training once my dog is back home.

_____ **Specialized Clinic** – I understand that these clinics are offered at TCAH's discretion and are not guaranteed at a set time every week/month/season/year. I know which clinic I am here for and received the email outlining what is expected of me upon arriving.

_____ **Intermediate Obedience Class** – I understand that the Intermediate Obedience Class is a commitment for one hour per week on the designated class day for six consecutive weeks, unless the class falls on a major holiday. I understand that if I am to miss a class for any reason, I am not guaranteed a make-up lesson or refund. I understand that my dog is required to have gone through the Beginner Obedience Class at TCAH or have its Canine Good Citizenship Title to be enrolled in this course. I understand that should my dog show signs of aggression or reactivity that disturb the rest of class, my instructor reserves the right to ask me and my dog to leave the class. Should this occur, I understand that the remainder of my fee will be transferred to private lessons or refunded. I understand that refunds will not be available after the first session of the six-week course, unless it was the instructor's decision to remove me from the class. I understand that some of these classes will be held "off campus" and away from TCAH, and my instructor will send an email to everyone one week in advance to let me know where we are meeting. It is not my instructor's responsibility to make sure I have received this

email, and I will reach out to her via email if I have not received the location at least a few days before class.

_____ **Sports classes (Foundational Agility, Beginner Nose Work, Swimming)** – I understand that the class for which I am enrolled is a sports class that focuses on my dog learning a skill and enriching my relationship with my dog; it is not an opportunity for me to get obedience or behavioral advice that does not relate to the sport or class. I understand that any time dogs get together to participate in an exciting event, my dog may get over excited and forget his manners. This is normal and can be positively dealt with with the help of my instructor. If my dog constantly affects the class, I may be asked to move to private lessons, which is not a reflection on my handling ability, but on how much my dog loves the sport.

General Release and Consent Form for All Services

_____ My initials indicate that I agree, understand, and acknowledge that the elimination or modification of behaviors is not guaranteed. The client acknowledges that dog training will not provide exact results. Each dog is different in regards to ability, breeding, and temperament. Client further agrees to accept responsibility for any damages the above-named dog may cause through malicious, aggressive or improper behavior that may occur before, during, or after all services provided by Taylor Crossing Animal Hospital's Training. Furthermore, Client understands and agrees that dog training may involve risks to Client, members of client's family, or Dog. I assume all risks associated with participating in this training and will not hold Taylor Crossing Animal Hospital or its instructors responsible in the event of injury to Client, client's family member or Dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to Client or Dog's ability to safely complete each training session. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by Client or Dog's actions.

_____ My initials indicate that I agree and understand that the above-named dog participating in the training sessions is free of any infectious disease and is current on all appropriate vaccinations, including bordatella (within the last six months), distemper, parvovirus, fecal test (within the last six months) and rabies. I also understand that my dog's records must be provided **at least one day before** above-named dog may participate in any training sessions. I also understand that all dogs enrolled in the training sessions must receive monthly preventative treatments for the control of fleas and ticks. If live fleas or ticks are found on dog, we will apply a topical product or give an oral treatment at owner's expense.

_____ I understand that if I am not a Client of Record at Taylor Crossing Animal Hospital, I am responsible for sending my records well in advance of my appointment or first day of class. If TCAH does not get my dog's records in time, my dog will not be allowed to participate.

_____ My initials indicate that I understand Taylor Crossing Animal Hospital can use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.

I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who may claim on my behalf to waive, release and discharge Taylor Crossing Animal Hospital and its instructors from any and all claims arising out of or in connection with or in any way related to these training sessions.

I UNDERSTAND THAT ALL FEES MUST BE PAID PRIOR TO THE TIME SERVICES ARE RENDERED. IN THE EVENT THE ACCOUNT IS TURNED OVER FOR COLLECTION, I AGREE TO PAY COLLECTION FEES. IN THE EVENT ANY CHECK IS RETURNED, I WILL BE RESPONSIBLE FOR THE CHECK AND ALL SERVICE FEES AND RELATED EXPENSES PERMITTED BY LAW.

Owner Print Name: _____

Owner Signature: _____

Date: _____