



Dog Training Agreement & Release Form

Owner Name: _____

Address: _____

City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

Pet's Name: _____ Age: _____

Breed: _____ Gender: _____

Veterinarian: _____ Vet Phone: _____

Client makes the following representation about their Dog: (check all that apply)

<input type="checkbox"/>	Dog has been neutered/spayed	<input type="checkbox"/>	Dog has never bitten a person
<input type="checkbox"/>	Dog is friendly toward children and adults	<input type="checkbox"/>	Dog has never been declared as dangerous
<input type="checkbox"/>	Dog is friendly toward other animals	<input type="checkbox"/>	Dog is not the subject of a quarantine order
<input type="checkbox"/>	Dog has never started a fight with another dog	<input type="checkbox"/>	Dog has food allergies

Notes: _____

Terms and Conditions

For good and valuable consideration, Kyle Family Pet Training agrees to provide the following services:

Private Training Sessions - Providing a training session tailored to your dog's specific needs. First Session is 90 Minutes long, and any additional sessions are 60 minutes.

Fee: \$100.00 for First Session - \$60.00 for each additional one hour session

Board/Daycare and Train - While your dog is here boarding OR staying the day with us for daycare we can provide a 1 hour training session to help reinforce basic manners (ex: sit/stay, down/stay)

Fee is \$20.00 an Hour per Day (Fee does NOT include cost of boarding or daycare)



_____ **(Client's initials)** My initials indicate that I understand and agree that Kyle Family Pet Training does not offer free evaluations or consultations and that the first visit is considered session #1 of program or class. I agree and understand that a "no-show" for a scheduled appointment will be counted as a lesson. I further understand and agree that a program may include admission to classes only when the program is paid in full and that the classes have no cash-out value. I also understand that refunds will not be available after the first training session is completed regardless of the situation. I further understand that lesson duration is determined by the trainer at the time of service and that time spent during the session discussing my dog, dog training and/or behavior is considered training/lesson time. I further understand and agree that if my dog is aggressive it can be prohibited from attending Kyle Family Pet Training sessions.

_____ **(Client's initials)** 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 Kyle Family Pet 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 Kyle Family Pet Training 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.

_____ **(Client's initials)** 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, distemper, parvovirus and rabies. I also understand that a Health Certificate must be provided 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. If live fleas are found on dog, we will apply a topical product or give an oral treatment at owner's expense.

_____ **(Client's initials)** My initials indicate that I understand Kyle Family Pet Training 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 Kyle Veterinary Hospital or Kyle Family Pet Training and its instructors from any and all claims arising out of or in connection with or in any way related to these training sessions.

Owner Print Name: _____

Owner Signature: _____

Date: _____

Thank you for bringing your pet to Kyle Veterinary Hospital. We hope you are pleased with our services and facilities and would appreciate you letting us know how we may better serve you.