



DOG SERVICES

Private Training Service Contract (Coaching)

Client & Dog Information

Guardian's name:	Date: Referred By: internet
Home Phone:	Work Phone:
Cell Phone:	Email:
Address:	
Dog's Name/ ID:	Breed/Age/Sex:
Dog's Name/ID:	Breed/Age/Sex:

Emergency & Health Information

Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	
May we share your training & behavior report with your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Description of Services

Description of Services: Puppy Foundation / Adult Dog Training/ Behavior Modification Training	
Rate: \$125/ Initial Consultation \$85 / one hour session \$300/Package of (4) one hour sessions	Total Due:

Payment Information and Agreement

Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Name on Card:	Signature:
Number:	
Expiration Date:	3 digit code on back of card:
Billing address if different than address above:	
<input type="checkbox"/> Paid in Full Paid \$ on Date:	



Liability Waiver & Policies

1. **Paula Shimko KPA-CTP** will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and training instructions. However, I recognize that **Paula Shimko KPA-CTP** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **Paula Shimko KPA-CTP** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **Paula Shimko KPA-CTP** instruction or control and under my own care as a result of following training instructions. I have been told by **Paula Shimko KPA-CTP** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others.

Initial:

2. **Payment Policy:**

- a. Client agrees to pay trainer a **non-refundable** fee in the amount of \$100 for the initial consultation (approximate length of 90 minutes) and \$85 for each 60 minute follow up session
- b. Client agrees to pay trainer a **non-refundable** fee in the amount of \$300 for a package of 4 one hour sessions (approximate length 60 minutes).
- c. All package sessions must be completed within **3 months** from the date of commencement of contract or they will be forfeited.
- d. 1 year follow up consult will be regarded as a new consult.

Initial:

3. **Cancellation Policy:**

- a. If client fails to give at least **48 hours cancellation** notice, or is not present at time of scheduled appointment, session fees are still due. If client cancels a session they are responsible to follow up and scheduled future session to replace cancelled session.
- b. For future clients that are not present at the time of scheduled appointment, a \$25 cancellation fee will be invoiced.
- c. For a package deal, the session will be counted as one session.

Initial:

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dog Guardian

Date

Trainer & Title