



TRAINING AGREEMENT & RELEASE FORM

**Positive Obedience & Behavior
Training**

Referred By: _____

Owner's Name: _____ Date: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Mailing Address: _____

Dog's Name: _____ Age: _____ Sex: _____ Spayed/Neutered: Yes No Breed: _____

Are All Required Vaccines Current? _____

Veterinarian

Hospital/Doctor: _____ Phone #: _____

Veterinarian Address: _____

Emergency Contact #: _____

It is essential that you are available at the above phone number in the event that we need to contact you.

TRAINING RELEASE

I understand that there are inherent risks of injury to me, and my dog, family and friends (hereafter known as "Participants") who are present/involved in training and connected activities, including risks related to equipment, condition of premises, staff or trainer actions, disease, dog bites and other risks, known and unknown. At times there may be off property training or the transportation of dog(s) which could increase risks. I acknowledge and accept that injury could occur to me and "Participants", related to Good Dog Happy Dog (GDHD), its trainers, its staff, other students, their family and dogs (hereafter known as "Released Parties"). I am participating voluntarily in dog training for enjoyment, with the knowledge of the potential risks. I assume, known and unknown, risks of injury, death, property damage, that may result from my participation in the training and connected activities.

I agree to release, indemnify, defend, and hold harmless all the "Released Parties" mentioned above, from all liability to me, the "Participants", and other representatives and family, for all liability, claims, damage, or demands for personal injury or death to me, and "Participants" arising from or relating to this Agreement, or participation in the dog training and connected activities, whether on or off premises. I take sole responsibility for any loss.

I have carefully read the Agreement. I understand the terms as well as that there is an assumption of risk, a release, waiver of liability and hold harmless agreement. I acknowledge and agree to pictures being taken of my pet and of myself and give permission for them to be used in connection with Good Dog Happy Dog work, including the websites. Any media utilized becomes the property of GDHD. I understand that the "Released Parties" are materially relying on this Agreement in allowing me to be a member of the training with its various activities, and to use the premises.

AUTHORIZATION - TREATMENT & SERVICES

I, the undersigned owner or authorized agent of the guest(s) named, authorize and give consent to GDHD, and its staff to provide boarding services and/or bathing and any other services requested on the Boarding & Training Release Form. I understand that there are inherent risks & benefits involving these services, that I can ask questions until I am comfortable, and GDHD and its staff, will use all reasonable precautions against injury, escape, and/or demise of the guest(s).

Should unforeseen events require treatment beyond what has been discussed with me and I cannot be reached, I authorize GDHD, and its staff to perform, and I agree to pay for, such medical and/or surgical treatment as is necessary to preserve the life of the guest(s) until I can be contacted for further authorization. In an emergency, I authorize GDHD to use a veterinary clinic of their choice and/or the Veterinary Emergency Clinic.

I hereby release GDHD, and its staff from any and all claims, except claims for negligence, arising out of or connected with the performance of the training, boarding, walks, play/socialization, bathing, treatment and /or surgical services. I understand that if anesthesia is given, it carries risks, and in extremely rare instances, death may result.

I accept full financial responsibility for the services rendered to the guest(s) as well as other costs related to the guest(s). I understand that payment in full is due upon release of the guest(s) from the hospital or when service is otherwise terminated. If charges are not paid within five (5) days after written or oral notification has been made to me that the guest(s) is/are ready to be released from the hospital, I relinquish the guest(s) and GDHD is authorized to discern the guest(s) best interests up to and including possible adoption unless I, the owner, or an authorized agent of mine, calls for the guest(s) & pays all accrued fees.

Should it be necessary to collect this account through a collection agency or an attorney the undersigned agrees to pay all costs of collection, which could double the bill, in addition to a reasonable attorney's fee, even if court or legal action is not taken.

I acknowledge that no assurance or guarantee has been made of the results of the training, boarding, walks, play/socialization, bathing, and medical and/or surgical services and that I understand the potential risks & benefits.

Owner or Authorized Agent Signature

READ BEFORE SIGNING

Date

Owner's Name: _____ Dog's Name: _____

Occupation: _____ Children in Household: _____

Other Pets: _____

Have you had your dog for at least three weeks? _____

Where did you get your dog? _____

How old was your dog when you obtained him/her? _____

Has your dog had any previous training? _____

If yes: Who was the trainer/training company? _____

If yes: What was the length of the training? _____

BEHAVIOR INTERVIEW

Problem Behaviors: _____ House Soils _____ Jumps Up _____ Aggressive _____ Runs Away _____ Shy
(Check all that apply)
_____ Chews _____ Unruly _____ Bites _____ Disobeys _____ Digs
_____ Barks _____ Fights _____ Howls _____ Animal Aggressive

Please list any other problem behaviors: _____

Is this the first dog you have ever owned as an adult? Yes No Do you tend to spoil your dog? Yes No

Does your dog "nudge" you for petting when he/she is with you? _____

Is your dog "like a child" to you? _____

Do you think your dog has ever been "mad" at you? _____

Are you consistent in your expectations of your dog's behavior? _____

(Do you sometimes allow certain behaviors, like jumping, and sometimes discipline the same behavior?)

Does your dog get upset when you leave him/her alone? Yes No What does he/she do? _____

Do you confine your dog (room, crate, yard, etc.) away from you? _____

How do you discipline your dog? _____ Does it work? Yes No

Does your dog live in the house? Yes No If not, where & why? _____

Is your dog allowed on your furniture? _____ Frequency: _____

Is your dog allowed to sleep in your bed? _____ Frequency: _____

TRAINING SCHEDULE TERMS

Each training course (private or group) consists of multiple training sessions. I understand that upon completion of my first private/group training session, I have 8 weeks to complete the training course. There will be no refunds for any unused training sessions after the 8 week time period has passed.

Owner or Authorized Agent Signature

READ BEFORE SIGNING

Date