## **In Home Training Agreement**

ne:		Phone:E-mail Address:				
·						
s Name:	Breed:	Age:	Sex:	Spayed/Neutered: \	Y/N	
	E TRAINING PROGRAM (Owing cues will be taught by the		ooarded durir	ng this program:		
The 7 Ste	ps to Success: "sit", "down", "	"stay", "wait", "leave- it",	"go to bed",	come		
SATISFA	CTORY DEMONSTRATION	N OF ALL NOTED ON L	EASH CUES	<u>S</u>		
Date:		Owner Initial:				
	E TRAINING PROGRAM (Owing cues will be taught by the		ooarded durir	ng this program:		
The 7 Ste	ps to Success: "sit", "down", '	"stay", "wait", "leave- it",	"go to bed",	come		
SATISFA	CTORY DEMONSTRATION	N OF ALL NOTED OFF I	LEASH CUE	<u>ES</u>		
Date:		Owner Initial:				
<u>LENGTH</u>	OF PROGRAM AT YOUR	<u>HOME</u>				
Daily less	ons will be taught by the train	ner over a period of	week(s)	while the dog is being tr	ained.	
One hand dog and d to them ha week on s minutes p	HANDS ON LESSONS with ling lesson will be given to the emonstrated to the owner. Thave been made or implied. That engthening all cues taught. er day per dog and that without cancellation of lessons will be	e owner by the trainer once ne owner understands and a ne owner will be responsib The reinforcement can be ut this reinforcement, the o	agrees that no le for working accomplished log may not to	o guarantees on the dog'ng with their dog 7 to 12 d in approximately 20 to respond to the owner. A	s respontimes a 30	
guarantee exhibit at behavior	MER avioral challenges cannot be es are made or implied regarding home. Once you return home, challenges listed below. This by the trainer on how the own	ng the elimination or curta , the trainer will counsel th counseling will be in the f	ilment of any ne owner so t form of verba	y behavioral problems the hat the owner can address all and written instruction	e dog r ss those	

or may become a risk to people and/or dogs, my decision to enroll in a training program is done solely and completely at my discretion with me taking 100% responsibility for any damage my dog(s) might cause to anybody during or after the training program. The Company does not promise to solve or curtail my dog's aggressive behavior. I further agree to take all possible safety measures recommended by my trainer, including but not limited to muzzling and leashing my dog(s) when around dogs and/or other people.

Total Cost:		<u> </u>
Start Date:	End Date:	Trainers:
	STANDS AND AGREES THA (S) <i>WILL NOT</i> RESPOND TO	AT WITHOUT <u>100%</u> COOPERATION WITH THE THEM
		VING IS CONTINGENT UPON THE OWNER'S WILLINGNES, THE DOG(S) AS DESCRIBED ABOVE.
Note: Add	itional terms & conditions which	h are part of this agreement are set forth on page 3.
Owner's Signature:		Date:

Date:\_\_\_\_\_

Trainer's Signature:

#### **TERMS & CONDITIONS**

Other than demonstrating the dog's response to the trainer on all cues noted in this agreement. Santa Monica Paws hereinafter known as "the Company" cannot make any guarantee regarding the outcome of any training/counseling
program. The owner assumes full responsibility for the dog's behavior after demonstration and after the training/counseling program. Owner Initial
CANCELLATIONS  Once handling lessons commence, the owner of the dog(s) may postpone any of the lessons provided 24 hour notice is given to the Company. The Company is only obligated to givefree make-up lesson(s) due to owner postponements. Provided the owner has pre-purchased a block of lessons, after thepostponement each additional owner postponement will count as one of the remaining lessons owed to the owner. Additional make up lessons may be purchased at \$150.00 per lesson. The owner understands and agrees that failure to give the company 24 hour notice of a lesson cancellation will result in the Company counting said failure as a completed lesson with the full amount owed by the owner to the Company for said lesson.
TERMINATION OF TRAINING The owner of the dog(s) may have the animal withdrawn from training at any time, however, once training has begun; a fees are non-refundable.
LIABILITY  I, as the legal owner/agent of the abovementioned pet(s), having carefully read and fully understand this agreement, do hereby waive and release the Company and Santa Monica Paws from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and hold harmless the Company and Theresa Chern & Brad Dean from any and all claims due to damage the pet may cause to any family members of any third parties during or after training.
MEDICAL TREATMENT  The owner/agent authorizes emergency medical care to be provided by  In the event this veterinarian is unavailable the owner/ agent authorizes the Company to have the dog(s) given emergency medical treatment by any licensed veterinarian of the Company's choosing. The client will reimburse the Company for all charges related to this emergency care provided receipts are submitted to the owner. Upon receipt of such receipts, the owner/agent will pay all amounts noted on receipt(s) to the Company within fifteen days.
MISCELLANEOUS The owner/agent will be responsible for purchasing all necessary equipment that the trainer recommends for training the dog(s).
In the event either party deems it necessary to employ legal counsel to protect its rights under this agreement, the prevailing party agrees to pay all expenses including, but not limited to costs and reasonable attorney's fees.
This training agreement and Addendum A represents the full and only agreement between the parties. The terms and conditions set forth in this agreement cannot be modified or changed in any way unless agreed to by both parties in writing. I have read, fully understand and agree to the above contract terms.
Owner/Agent Signature:
Trainer's Signature:Date:

### ADDENDUM A

I,, as the legal owner/agent of the pet(s) noted in this agreement, do hereby state the following information is true and complete to the best of my knowledge. I understand the Company may utilize some or all of this information during the dog(s) training program and I have taken special care to present the information in an accurate fashion.
<u>VETERINARY INFORMATION</u>
Hospital Name:
Address:
Phone Number:
VACCINATION RECORDS  Make copies or email them to Pets@SantaMonicaPaws.com
MEDICAL CONDITIONS Please check all that apply:
□ Epilepsy □ Hip Dysplasia □ Arthritis □ Heart Disease
□ Other
MEDICATIONS Please list all medications currently prescribed for the dog(s):
DOG'S DIET
Kibble:
Treats:
Food allergies: