

SANTA MONICA PAWS  
**Private Lesson Customer Agreement**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y/N

**BASIC OBEDIENCE (On Leash Common Commands)**

Loose Leash Walking, Sit, Auto Sit, Come, Down, Wait, Leave it, Stay, Sit Down, Down Stay, Go to Bed

**ADVANCED OBEDIENCE\* (Off Leash Common Commands)**

Stay, Sit, Sit Stay, Come, Down, Down Stay, No, & Okay

\* Off leash commands (a.k.a. cues) are initially taught in home, no distractions. In order for the dog(s) to attain off leash control with distractions, the dog(s) must first attain on leash control with distractions.

**BEHAVIOR MODIFICATION GOALS:**

Verbal and written instructions will be given to the owner by the trainer on how the owner can solve or curtail the following behavior problems: \_\_\_\_\_

\_\_\_\_\_

All cues are taught \_\_\_\_\_ time(s) per week for approximately \_\_\_\_\_ week(s).

The owner is required to work the dog(s) 7 to 12 times a week on strengthening all cues taught. The reinforcement can be accomplished in approximately 20 to 30 minutes per day per dog.

**AGGRESSIVE BEHAVIOR**

By my initials in the box next to this paragraph, I acknowledge the Company has determined that my dog(s) may be aggressive or is aggressive. The Company has fully explained that since the outcome of any training/counseling program cannot be guaranteed and the aggressive behavior on the part of my dog(s) is 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: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Evaluation Fee \$250.00 Paid: Y/N

Start Date: \_\_\_\_\_ Trainer (s): \_\_\_\_\_

THE OWNER UNDERSTANDS AND AGREES THAT THEY ARE BEING TRAINED TO TRAIN THEIR DOG(S) AND THAT WITHOUT 100% COOPERATION WITH THE TRAINER; THE DOG(S) WILL NOT GET TRAINED.

*I HAVE READ AND UNDERSTAND THAT ALL TRAINING IS CONTINGENT UPON THE OWNER'S WILLINGNESS TO HANDLE AND / OR WORK THE DOG(S) AS DESCRIBED ABOVE.*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SANTA MONICA PAWS

## TERMS & CONDITIONS

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 during and after the training/counseling program. **Owner Initial** \_\_\_\_\_

### CANCELLATIONS

The owner of the dog(s) may postpone any of the lessons provided twenty-four hours notice is given to the Company. The Company is only obligated to give \_\_\_\_\_ free make-up lesson(s) due to owner postponements. Provided the owner has pre-purchased a block of lessons, after the \_\_\_\_\_ postponement, 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 twenty-four hours 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 on the first day of your Training Evaluation when this agreement has been signed; all 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 **Theresa Chern & Brad Dean** 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: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SANTA MONICA PAWS

## 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.

### **VETERINARY INFORMATION**

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **VACCINATION RECORDS & FLEA PREVENTION RECORDS**

\*Please Email Copies of your Dog's Vaccination Records and Flea Prevention records to [Pets@SantaMonicaPaws.com](mailto: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: \_\_\_\_\_

Supplements: \_\_\_\_\_

Known food allergies: \_\_\_\_\_