

Positive methods guaranteed results, if repeated in the manner we have taught you

Trainer(s):

Trainer AKC CGC ID:



Santa Monica Paws

Training Daycare Pet-Sitting

310 - 488 - 1232

Positive Dog Training with a Balanced Approach

Santa Monica Paws Enrollment Form and Release

Pets Name		Breed	Age
Is your pet neutered/spayed?		Is your pet current on vaccinations?	
Please describe any behavioral issues your pet is having any goals you'd like to work on:			
Pet Parent Information			
Pet Parent Goals:		2.	3.
4.	5.	6.	7.
Class Information (please check one)			
Puppy level 1 <input type="radio"/>	Puppy level 2 <input type="radio"/>	Puppy Essentials Pkg <input type="radio"/>	Puppy Complete Pkg <input type="radio"/>
Adult Dog level 1 <input type="radio"/>	Adult Dog level 2 <input type="radio"/>	Dog Essentials Pkg <input type="radio"/>	Dog Complete <input type="radio"/>
GROOMING <input type="radio"/>	Intro to Agility <input type="radio"/>	AKC CGC CLASS <input type="radio"/>	AKC CGC TEST <input type="radio"/>
1-hour Private Lesson <input type="radio"/>	(6) Private Lesson Pkg. <input type="radio"/>	(4) Behavior Modification Lesson <input type="radio"/>	Behavioral Modification Pkg <input type="radio"/>
		Meet n Greet <input type="radio"/>	TRAINING EVALUATION <input type="radio"/>
What to Bring to Class			
*Copy of this form *Nylon or leather collar/harness *Treat tote/fanny pack pouch *6ft. nylon or leather leash *Cleanup bags/dispenser bags *Current copy of pet vaccination records			
Start day/date:		Start time:	Trainer(s):

I, the participant (identified below), for myself, my heirs, executors, administrators and assigns, hereby agree to release and hold harmless Santa Monica Paws and it's affiliates, as well as their respective officers, directors, employees, agents and assigns collectively, Santa Monica Paws from any actions, suits, claims, losses and demands of any kind, which, my heirs, executors, administrators, and assigns had, now have, or hereafter may have by reason of any matter arising from or in connection with my participation in the Santa Monica Paws Dog Training class or any other service provided, including without limitation any injury, accident, death or damage to person or property. This agreement is drawn with understanding that it doesn't purport to release Santa Monica Paws of any liability for any reason. It purports to protect Santa Monica Paws from unsubstantiated negligence as we handle your pup. Working in concert with the client is our goal in creating a happy healthy puppy.

In executing this release, it is my intent to expressly waive all rights and benefits conferred upon me by the provisions of section 1542 of the California Civil Code (or any similar state statute) which states:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor. If the participant is under 18 years of age, the parent or legal guardian of the participant must remain in the lesson during the entire training session. If the participant is under 18 years old, I, the undersigned, represent and affirm that I am the parent or legal guardian of the Participant, and I do here by consent and give permission to all the provisions of this release on behalf of the Participant.

REFUND POLICY: A partial (25%) refund will be issued up to the beginning of the second session with a proof of purchase. You will be given a credit towards future services for the remaining unused balance.

I have fully read this agreement and I understand that SMP cannot guarantee that my dog will get trained unless I am 100% cooperative with my trainer(s) recommendations. Additionally, I must follow through with these recommendations daily for the benefit of my dog, or I may not see any long-lasting results.

Name: _____ Date: _____ Witness: _____

Private Lesson Customer Agreement

Name: _____ Phone: _____
Address: _____ Email: 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: _____

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. **This agreement is drawn with understanding that it doesn’t purport to release Santa Monica Paws of any liability for any reason. It purports to protect Santa Monica Paws from unsubstantiated negligence as we handle your pup. Working in concert with the client is our goal in creating a happy healthy puppy.**

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: _____

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

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: _____