



Internal Use:
Vaccine Record Rec'd <input type="checkbox"/>
Collar #

Date: _____

Dog Training Agreement

Owner: _____ Dog Name: _____ Male Female

Address: _____ Breed: _____

City: _____ Zip: _____ Weight: _____ lbs.

Phone: _____ Age: _____ years _____ months _____ weeks

E-mail: _____ Spayed/Neutered: No Yes

Payment: Check # _____ Cash PayPal/Venmo: From (email or @) _____

Visa/MC - CC Number: _____ exp: _____ CVV: _____

Please circle package(s) selected: Price: \$ _____

STAR Puppy	Basic	Advanced	Day Camp	Board & Train	Other:
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Reason for Consult / Training:

What is the main behavior problem or complaint?	Aggression	Barking Nipping	Counter Surfing / Food Begging	Chewing Separation Anxiety	Jumping Leash Pulling	Other
Does your dog do well with other people?	Yes	No	If no, explain:			
Does your dog do well with other dogs?	Yes	No	If no, explain:			

Training History:

Is your dog housetrained?	Yes	No	If no, any accidents? Frequency:		
What training has your dog had? Circle all that apply:					
None	Trained at Home	Attended Class(es)	Graduated Class(es)	Private Trainer	Other
What methods were used in training? (i.e., choke chains, clicker/treats) – Please be specific:					
How old was the dog when training started?			If ended, at what age?		

Home Environment:

Number of people living in your household, including yourself. If children, indicate ages.

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Please list all animals in the household, including the dog you are bringing, in the order in which they were obtained:

Other Pets?	No	Yes
If yes, please describe:		
How many hours per day left alone?		

Other:

How did you hear about us? _____

I.e., Facebook, Web Search, Referral, etc. (If referral, please specify)

I understand Rocky Top K9, LLC may use my pictures of me or my dog for publicity or promotional purposes for Rocky Top K9, LLC without obligation or liability of any kind to me. Personal information will never be shared or sold.

Cancellation policy: For private lessons, if I am not completely satisfied after my first lesson, I will receive a prorated refund. The cost of the first lesson is non-refundable. For this to apply, I must notify Rocky Top K9, LLC in writing within 24 hours past the first lesson and return all equipment in good condition. Other than this condition, there are no refunds. **No Shows or Appointments cancelled less than 24 hours in advance will forfeit their deposit and/or class time.** Class appointments cancelled 24 hours or more in advance may be rescheduled without penalty, inclement weather excluded. I understand that completion of purchased program must be completed within **four** months of starting date. For Board & Train programs, a \$300 deposit is required and is nonrefundable. My program may be rescheduled without penalty with at least a two-week notice. Otherwise, a separate deposit will be required to hold the new date. There are no refunds for any payments and/or deposits for a cancellation of a B&T without a two week notice.

Initial _____

Terms and Conditions

I understand that I have a vital role in my dog's learning process and in achieving the desired results. Although Rocky Top K9, LLC guarantees that every effort will be made to ensure my satisfaction and positive behavioral modification, I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training or be cured of its behavior issues, despite the best efforts of the trainer. I also understand and agree that lack of full disclosure regarding any major aggression, anxiety, or fear disorders my dog may have or display while under the care of my trainer that could place a person or animal at risk will void my Rocky Top K9, LLC Obedience Guarantee. I understand while my dog will still obtain a high level of obedience training, aggression and anxiety disorders are psychosomatic in nature and while possible to manage, may not be changed. Our guarantee is contingent on the owner's and family's active and ongoing participation with consistently practicing what is learned in training. Continual training, practice, and following the guidelines provided must continue after the dog's program has ended. True success is always achieved through the owner's willingness to continue the obedience standard. Failure to comply will negate the guarantee.

Initial _____

Health and Safety

I have enrolled myself and my dog in a training course offered by Rocky Top K9, LLC in Private Classes, Day Camp, and/or a Board & Train programs. I understand that Rocky Top K9, LLC does everything it reasonably can to provide a healthy and safe training environment for everyone and every dog and will always put my dog’s safety first. I also understand that participation in any of these programs are not without some risk, that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I acknowledge and agree that the risks of training in a group and/or public environment include, but are not limited to, my dog or myself contracting a communicable disease, my dog or myself being injured, and my dog or myself being bitten by another dog. I hereby hold Rocky Top K9, LLC harmless of any liability for any loss or damage to me, my dog or my property including, but not limited to, loss or damage from disease, other dogs, other persons, other pets, my dog running away, natural disasters, fires, or other unavoidable causes.

I certify that my dog is in good health, that I have not withheld any medical or other health issues and has not been ill with any communicable conditions within the past 30 days. My dog has not been exposed to Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus, or Bordetella (kennel cough) within a 30- day period prior to enrollment. I further certify that my dog is current on all vaccinations including Rabies (puppies younger than 4 months of age excluded), DHLPP, and Bordetella, with the last vaccination having been received no less than seven (7) days prior to enrollment. I agree to provide proof of vaccinations prior to the start of the training course. I agree to keep my dog’s vaccinations up to date during the training course. I further agree that I will be responsible for any debt incurred, in the event my dog needs to be seen by a veterinarian during his stay. **Initial: _____ ****

Responsibility and Liability:

I acknowledge and agree that I am solely responsible for my dog and my dog’s action during training and in the future. I acknowledge and agree that any training my dog and I receive or contract for does not constitute any guarantee whatsoever that my dog will not cause harm or loss, intentional or unintentional, to a human being, animal, or property. I hereby hold Rocky Top K9, LLC harmless of any liability for my dog or any of my dog’s actions including, but not limited to, intentional or unintentional actions that cause harm or loss to a human being, animal, or property, during the training period, or at any time in the future. **Initial: _____**

This agreement shall be deemed to have been made in, and shall be construed pursuant to, the laws of the State of Tennessee. This contract shall be binding on the heirs, administrators, personal representatives, and assigns of the Owner and Dog Training for Owners. Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract shall be settled in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his/her award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

I acknowledge that I have read and agree to the above terms and conditions on this document.

Owner Signature _____

Date _____

Print Name _____

Medical History: (For Board & Train Only) Please include a copy of pet's vaccine record along with this contract. **

Veterinarian:	Phone Number:
Brand of Dog Food:	
Amount / How Often:	
Does your dog (now or in the past) have any medical conditions or health issues?	Primary Feeder:
Current Medications:	

****Vaccine Waiver and Release of Liability for Illness**

I, _____, (print full name), have either chosen to NOT release my dog's vaccination history to Rocky Top K9, LLC OR have opted out of vaccinations that may be required by city, county, state, or federal law(s). If my choice to not vaccinate my dog(s) breaches any such law, I acknowledge that my decision to not vaccinate is mine alone, and against the policy of Rocky Top K9, LLC – thereby holding Rocky Top K9, LLC and their agents harmless from prosecution or any responsibility related to my decision. I also acknowledge that I understand the risks of illness related to not vaccinating my dog and I assume all responsibility, financial and otherwise, should my dog contract an illness while under the care or training of Rocky Top K9, LLC.

Initial: _____

Complete and return to info@rockytopk9.com.

If paying by check, mail to:

Rocky Top K9, LLC
1428 Indian Warpath Rd
Sevierville, TN 37876

Contract must be received prior to attending first lesson.

Does not apply to consultation.

For questions, please contact us at 865-276-6004

Thank you!