

Internal Use:

Vaccine Record Rec’d 

Collar #

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

Dog Training Contract

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_years \_\_\_\_months \_\_\_\_weeks

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered: No Yes / If Yes at age: \_\_\_­­­\_\_\_\_\_\_\_

Payment: Check #\_\_\_\_\_­­­\_\_\_\_ Cash PayPal From Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Visa/MC - CC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp: \_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STAR Puppy | Basic  | Advanced | Day Camp | Board & Train | Other: |

**Medical History: Please include a copy of pet’s vaccine record along with this contract.**

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

**Reason for Consult:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is the main behavior problem or complaint: | Potty TrainingCrate Training | BarkingNipping  | Counter Surfing / Food Begging | ChewingSeparation Anxiety | JumpingLeash 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:**

Please list all the people, including yourself, living in your household:

|  |  |  |
| --- | --- | --- |
| **Name** | **Age (of children)** | **Hours Away From Home** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Species** | **Breed** | **Sex** | **Age** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other:**

1. How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. I understand Rocky Top K9 may use my pictures of me or my dog for publicity or promotional purposes for Rocky Top K9 without obligation or liability of any kind to me, however, this will never be done without prior consent. Personal information will never be shared or sold. I further understand that I am welcome to take my own pictures and/or videos.

3. I understand that During Day Camp and Board & Train Programs, I will receive updates through pictures and videos and will be kept informed of my dog’s progress.

**Cancellation policy**: I understand that I have a vital role in my dog’s learning process and in achieving the desired results. Although Rocky Top K9 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 not achieve the desired level of training or be cured of its behavior issues, despite the best efforts of the trainer. For private lessons only, 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 in writing within 24 hours of first lesson and return all equipment in good condition. Other than this condition, there are no refunds.

Appointments cancelled less than 24 hours in advance will be charged a $50 rescheduling fee. Appointments cancelled 24 hours or more in advance may be rescheduled without penalty. No penalty for appointments rescheduled due to inclement weather.

**Terms and Conditions**

Rocky Top K9 does everything it reasonably can to provide a healthy and safe training environment. The below terms and conditions for the training course are designed to help ensure a healthy and safe training environment for everyone and every dog. I understand that Rocky Top K9 will always put my dog’s safety first, and 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 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 owner’s and family active and ongoing participation with consistently practicing what is learned in training. True success is achieved through owner’s willingness to continue the obedience standard at all times.

**Health and Safety**

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 vegetarian during his stay. Initial: \_\_\_\_\_\_\_\_

I acknowledge and agree that the risks of training in a group 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.

Initial: \_\_\_\_\_\_\_\_

**Electronic Collars (E-Collars): (Please initial)**

I acknowledge that Rocky Top K9 uses Electronic Collars (E-Collars) in many of their training programs and that ethical use of the device by myself and my family members is mandatory. I agree to the following rules and guidelines in handling and the use of the E-Collar provided to me:

\_\_\_\_\_\_ I acknowledge that the unit is an electronic device and that as such, minor malfunctions may occur. If a malfunction occurs, I will contact the manufacturer for instructions on replacing or returning the equipment. E-Collar Technologies can be reached at [www.Ecollar.com](http://www.Ecollar.com) or 260-357-0051.

\_\_\_\_\_\_ I acknowledge that I am to move the device on my dog’s neck every hour during use and that I am also never to leave the unit on my dog for more than 12 hours per day.

\_\_\_\_\_\_ I acknowledge that even though the E-Collar provided to me is waterproof, I will make sure to remove & dry the collar and dry my dog’s neck to prevent skin issues or injury.

\_\_\_\_\_\_ I acknowledge that there is a minor chance that my dog can have or develop an allergy to the stock stainless steel points on my E-Collar unit. Should I see any signs of such an allergy, I will discontinue use of my E-Collar until such time I can contact Rocky Top K9 for a set of hypoallergenic points for my unit. There is no charge for this service.

\_\_\_\_\_\_ I fully acknowledge that common sense and ethical behavior are to be used at all times while my dog is wearing an E-Collar, and that I am responsible for any and all liabilities related to misuse should I fail to apply and use due diligence of the above-mentioned safety measures.

\_\_\_\_\_\_ I acknowledge that positive only training is available, no E-Collar will be used, however there is no guarantee of consistent results if I choose to take this method.

**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 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: \_\_\_\_\_\_\_\_

I hereby hold Rocky Top K9 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, fire, or other unavoidable causes. Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract 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 hereby agree to the above terms and conditions of this contract.

Owner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and return along with pet’s vaccine record 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!