



Training Service Agreement

Phone# 704 721 6757

e-mail:k9capers@gmail.com

www.k9capersTraining.com

Mailing address: PO Box 1411
Harrisburg NC 28027

Training Center:
_995-A Warren C Coleman Blvd.
Concord NC 28025

Donna Rogers 704 791 9888 Cell

Your Cell # _____

Your E-Mail _____

Pet's Name _____

Owner's Name: _____

Emergency Info	Phone #	Address
Other contacts:		
Vet:		
Your home info		

MEDICAL INFORMATION: Current medications pet is taking and for what ailment:
Circle any of the following health problems your pet has experienced:

Seizures Heart Disease Blindness Deafness Arthritis

Allergies Ear Infection Back Disorders Past Surgeries Other Detail of above circled:

Does your dog have a reaction to (please circle):

Rawhide Dog Bone Treats Pig ears Greenies

Other _____

Any daily or weekly medications? Supplements? _____

Additional Comments: _____

Do you agree to allow us to take your dog to your veterinarian or a local veterinarian or clinic in case of emergency? _____ Do you have a limit on spending on an emergency? _____ \$ _____

We are pet first aid certified and will make every effort to properly care for and transport your pet to the closest ,available veterinarian for the best care in case of life or death. Otherwise, we will contact your personal veterinarian for advice and care while you are away and you will be notified immediately.

At our training center, your dog is offered play time in our fenced-in play yard and allowed to play with dog-friendly dogs. We are not responsible for injuries or death during normal running and playing. If you prefer your dog to be kenneled or crated most of the time during your stay please indicate here. _____



Do you have pet insurance? If so please provide the number and carrier _____

About your Pet:

Does your dog respond to his/her name when called? _____ Is your dog house trained? _____

Does your dog urinate when approached? _____ Likes to ride in the car? _____

Does your dog respond to owner's direction? _____ Does your dog engage in self mutilation?
(Chewing on leg/licking raw spots etc.) _____

Has he/she been formally trained? _____ Positive based or punishment based? _____

Has your dog bitten anyone? _____ If yes what where the circumstances:

Is you dog kenneled at home or allowed to run free? _____

Prefers to sleep: On your bed Has own bed: Uses a crate:

In a stressful/new situation, circle any of the following that describes how your dog reacts:

Wildly Active Active Poised Assured Reserved Withdrawn/Lethargic

Does your dog climb/jump/chew through fencing of any type? _____

Does your dog have any other behavioral characteristics we have not asked about?

When your pet is around strangers does he/she:

GROWL HIDE JUMP BITE WET/COWER NONE OF THESE

Does your pet become unreasonably anxious when he/she is left alone? _____

Please write down a few things (good or bad) that you would like us to know about your best friend(s) that will give us a better understanding for his/her care:

Food:

Please provide your own dog food and treats as required.

Payment:

We accept all forms of payments.



Training and Activities:

Please check the appropriate activities you would like your dog to engage in while in our care:

Going to the Park _____ Agility/Rally _____ Fun Nose work _____ None: _____

We treat other pets like our own, we do, however, want to keep your routine if you have something specific you require please write the instructions in this space: Use the back if necessary:

Vaccination Protocol:

All pets training at K-9 Capers must be current on the rabies vaccine. We accept the vaccination protocol for all others as described by Therapy Dog International which accepts titers. Please bring current shot records, your contract and all other information filled out with you when you arrive on your drop off day. Vaccinations recommended /required

Must be cleared of any parasites, worms or contagious diseases.

_____ (Date) Rabies Vaccines 5 months and older (State Law Required)

_____ (Date) Heart worm Prevention

_____ (Date) Flea/Tick Control

_____ (Date) Parvo/Distemper,

_____ (Date) Bordetella (annual) Note: kennel cough is common and not all strains are covered by a vaccine. We are not responsible for vaccine failures. We do our best to prevent any issues among borders through isolation if symptoms appear.

** Puppies will need to have vaccinations commensurate with their age .

Other Items to bring with your best friend to be comfortable away from home.

- Proper ID, collar & Leash
- Favorite treats
- Toys
- Food if needed(with feeding instructions)
- List of favorite places your dog likes to go, and what they want to do when they get there



If applicable also complete this section:

Training Contract Terms

Initial Each Item As Proof of Acceptance:

1. I certify that my dog is in good health 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), 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. Initial: _____.
2. _____ My dog is current on flea and tick protection.
3. _____The trainers have the right to bring my dog to their veterinarian if they think it is necessary at my expense if an emergency or treated at my veterinarian of choice if time allows. MAXIMUM FOR VET CARE \$_____.
4. _____Some dogs can accept a great deal of training in several days, others are just getting started. The average adult dog needs months of training to become proficient. I do not expect a fully trained dog. Obedience training may take less time dependent upon what I, the owner, expect to get done and upon how diligent I am with the follow up at home.
5. _____ When I come to pick up my dog, I may expect to spend the time the trainer feels is necessary for me to learn the techniques that the my dog and the trainer have used so that I will have the skills to follow through on the training. Videos will be emailed within 24 or 48 hours of the training session.

Please Complete with your signature

Signature:

I release K-9 Capers of any harm my pet may cause others and will allow them to apply first aid if necessary and contact proper veterinarian care if needed. I fully agree to the contract as written.

Owner's Name-Printed	Owner's signature	Date: