



# Board & Train Program Contract

Purposefulcanines@gmail.com

purposefulcanines.com

484-442-0481

## **Client Information:**

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Home Phone: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

## **Emergency Contact:**

If we are unable to reach you in an emergency, please provide information for someone who you give permission to make decisions in your absence.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Who is authorized to pick up your dog(s) with your permission:

\_\_\_\_\_

## **Dog Information:**

Dog Name: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

Dog Weight: \_\_\_\_\_

Dogs Approximate Age: \_\_\_\_\_

How long have you owned the dog? \_\_\_\_\_

Where was it acquired from? \_\_\_\_\_

Gender: \_\_\_Male \_\_\_Female

Spayed/ Neutered: \_\_\_Yes \_\_\_No

**Important Medical History:**

Does your dog have allergies: \_\_\_Yes \_\_\_No

If YES, please list (include allergies to food and/or medications):

---

Is your dog currently on / prescribed any  
medications: \_\_\_Yes \_\_\_No

If YES, please list ALL, with amount and time of day given:

---

How much exercise and what activities does your dog get daily, weekly, etc.

---

What brand(s) of food do you feed: \_\_\_\_\_

How many cups per feeding: \_\_\_\_\_

How many times per day: \_\_\_\_\_

Is your dog currently on flea/tick preventative: \_\_\_Yes \_\_\_No

Please list the date it was last administered: \_\_\_\_\_

Please list the date the next dose is due to be  
administered: \_\_\_\_\_

Is this dog currently on Heartworm Prevention: \_\_\_Yes \_\_\_No

Please list the date it was last administered: \_\_\_\_\_

Please list the date the next dose is due to be administered:

\_\_\_\_\_

**ALL DOGS MUST BE UP TO DATE ON RABIES, DISTEMPER AND  
BORDETELLA VACCINE AS WELL AS FLEA AND TICK PREVENTATIVE!**

### **VET INFORMATION:**

Veterinary Practice: \_\_\_\_\_

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

Contact Number:  
\_\_\_\_\_

### **BEHAVIOR CONCERNS:**

Please check all that apply:

- My dog pulls on leash
- My dog does not obey commands
- My dog has not been through a training program
- My dog is not house trained
- My dog does NOT go into the crate
- Growls, barks or lunges at other dogs
- My dog has gotten into a dog fight
- My dog has broken skin on a dog
- My dog has broken skin on a human
- Does NOT let me touch their feet/nails
- Does NOT let me bathe or groom them
- Does NOT let me put on or take off collars
- Barks or growls in crate

Reacts badly to touching/petting  
Has separation anxiety  
Is aggressive when taking toys away  
Is aggressive when taking food away  
Is aggressive when trying to remove from furniture  
Has accidents in the house / crate  
Chases small animals  
Has injured / killed a small animal  
Has never been on car rides  
Gets sick in the car  
Is afraid to ride in the car  
Is aggressive toward strangers when he/she is in my car

Are there any other behavioral concerns you would like to add that we have not covered above?

---

## **SERVICES DESIRED**

---

### **EXPECTATIONS:**

What are your training expectations:

---

## **BOARDING INFORMATION:**

Please put N/A in the spaces below if you are not signing up for boarding service.

Start Date Desired to begin boarding: \_\_\_\_\_

Start Date Desired to end boarding: \_\_\_\_\_

### **Boarding notes:**

My dog is crate trained.

My dog is allowed on the couch.

My dog jumps fences.

My dog destroys bedding/blankets.

### **Feeding/ Medication instructions:**

Please list brand(s), amounts of food and times per day for feeding:

Please list all medications required during your dog's stay, as well as amount of each and time of day given:

## **Waivers**

Purposeful Canines LLC will do everything in their professional capacity to create a safe environment for the boarding, handling, and training of the dog(s) listed and identified above. We vow to offer only sound, safe and responsible training, care and post-boarding training instruction to the owner as per our professional opinion.

The owner of the dog(s) listed and identified above agrees that ALL animals are capable of and may exhibit unpredictable behaviors at any given time. The owner of the dog(s) listed and identified above agrees that Purposeful Canines LLC any and all of its staff and associates will not be held liable for the actions of their dog at any point in time. The owner agrees that any recommendations made by Purposeful Canines LLC its staff and/or associates, in terms of advice, instruction or services / products, are not and will never be a guarantee of performance or satisfaction.

Owner agrees and acknowledges that owning any animal, including dog(s) listed and identified above, involves inherent risks, including, but not limited to the risk of being bitten.

Owner fully understands and agrees to the use of any and all training tools and techniques during boarding and training to modify the behaviors of the dog(s) listed and described above during their stay with us. These include, but are not limited to: Prong collars, No-bark collars, crate/kennel, remote training collar, slip leash, dominant dog collar, muzzle, flat buckle collar, martingale collar, long line, flexi-leash.

Owner agrees to not hold Purposeful Canines LLC, its staff and/or associates liable for any damages to the dog(s) listed and described above as a result of boarding and/or training at their facility, from any cause whatsoever. This includes, but is not limited to loss by fire, theft, running away, death or injury during the term of this agreement, whether or not the dog is on the trainer's premises. This goes for all scenarios except where any such loss is caused by the gross negligence or intentional act of the trainer.

If the dog(s) listed and described above become ill or injured while in our care, we will make every viable attempt to contact and notify the owner via contact information provided to us in this contract. If the client is not able to be reached, the emergency contact shall be contacted and notified in the owner's absence, to make decisions on the dog's immediate care.

Should neither party be readily available, the owner agrees that the trainer is permitted to take emergency actions, in the best interest of the dog's health and welfare. This includes, but is not limited to, veterinary visits requiring medical attention and the prescription of antibiotics and any other necessary medications.

Any and all expenses resulting in medical attention and treatment shall be billed to and paid by the owner.

## **PHOTO/ VIDEO RELEASE:**

I agree to grant Purposeful Canines LLC permission to use, distribute, reproduce, edit, sell, copyright, broadcast, electronically store, exhibit and publish photograph(s), video(s), and audio/ sound recording(s) of me and or my dog(s) at ANY time before, during, and after our training and/or boarding dates. I release Purposeful Canines LLC from any and all liability resulting in the use of, distribution, editing, reproduction and publishing of these items and materials.

I waive any rights to compensation I may be entitled to for any of the materials listed.

**Do you agree to the terms listed above and the usage of any/all photo, video, media, etc. materials listed within Purposeful Canines LLC training contract: YES I UNDERSTAND.**

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Payment policy**

I agree to make one payment of (\$)\_\_\_\_\_ on the day the pet is dropped off.

**ALL SERVICES SHALL BE PAYED 100% IN FULL ON OR PRIOR TO THE END DATE OF TRAINING. ALL SALES ARE FINAL.**

## **Cancellation policy**

- All appointments scheduled will require a 48 hour notice of cancellation by the owner or will otherwise be charged at full price. Exceptions will be made for emergency / medical circumstances.

- If the client chooses to terminate the training contract and discontinue training after training has been started, NO refund will be issued.
- If the trainer feels that the client will not listen to training instructions / advice, the trainer can at their own discretion terminate the contract and discontinue training with the client at ANY point in time throughout the training period. A partial refund for the services remaining will be issued if paid in full.

**Date, print and sign name to confirm**

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

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

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