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## Private Training Service Contract (Coaching)

### Client & Dog Information

|                  |                |
|------------------|----------------|
| Guardian's Name: | Referred By:   |
| Home Phone:      | Work Phone:    |
| Cell Phone:      | Email:         |
| Address:         |                |
| Dog's Name/ ID:  | Breed/Age/Sex: |
| Dog's Name/ID:   | Breed/Age/Sex: |

### Emergency & Health Information

|   |                     |
|---|---------------------|
| Emergency Contact:  | Phones:             |
| Vet Office/ Vet's Name:   | Phone:              |
| Current Medications:  | Reason(s) for Meds: |
| Important Medical History Notes:  |                     |
| May we share your training & behavior report with your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |

### Known Behavioral Issues

|                          |
|--------------------------|
| Known Behavioral Issues: |
| Known Bite History:      |



## Description of Services

|                          |            |
|--------------------------|------------|
| Description of Services: |            |
| Rate:                    | Total Due: |

## Payment Information and Agreement

|  |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
|--|-------------------------------|------------|-------|------------|------------|-------|------------|------------|-------|------------|------------|-------|------------|------------|-------|------------|------------|-------|------------|
| Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> PayPal  |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Name on Card:  | Signature:                    |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Number:  |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Expiration Date:   | 3 digit code on back of card: |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Billing address if different than address above:   |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| <input type="checkbox"/> Paid in Full   Paid \$   on Date:   |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| <input type="checkbox"/> Payment Plan:   |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| <p>1. I understand that by agreeing to a payment plan I have committed to the full length of the training program as stated in the Description of Services above. I understand that I am responsible for timely payment in full regardless of whether I choose to complete the training program. If any payments are not timely made, <b>Your Business</b> is not obligated to provide further services.</p> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span></p>  |                               |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| <p>2. I authorize <b>Your Business</b>, to run the credit card above as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Payment #1</td> <td style="width: 20%;">Date:</td> <td style="width: 20%;">Amount: \$</td> </tr> <tr> <td>Payment #2</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #3</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #4</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #5</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #6</td> <td>Date:</td> <td>Amount: \$</td> </tr> </table> <p style="text-align: right;">Initial: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span></p> |                               | Payment #1 | Date: | Amount: \$ | Payment #2 | Date: | Amount: \$ | Payment #3 | Date: | Amount: \$ | Payment #4 | Date: | Amount: \$ | Payment #5 | Date: | Amount: \$ | Payment #6 | Date: | Amount: \$ |
| Payment #1   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Payment #2   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Payment #3   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Payment #4   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Payment #5   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |
| Payment #6   | Date:                         | Amount: \$ |       |            |            |       |            |            |       |            |            |       |            |            |       |            |            |       |            |



## Liability Waiver & Policies

1. **Canine Professor**, will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and training instructions. However, to the extent that **Canine Professor**, is insured for any unintentional or negligent errors, omissions, or incorrect assertions, **Canine Professor**, will be responsible for any such acts or omissions, but only to the extent of such insurance. I have been told by **Canine Professor**, and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I represent and warrant that I have provided **Canine Professor**,) with full and complete, accurate information regarding any bite history and similar incidents or hazardous tendencies of my dog, and that I will update that information if it changes. I understand that I am and will remain responsible for the actions of my dog at all times, and I hereby agree to indemnify, release, and hold harmless **Canine Professor**, of any and all claims, whether made by myself or any third party, of injury, expense, costs, or damages caused by my dog. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. This contract, together with language expressly incorporated into it in writing, is the full and complete agreement between me and **Canine Professor**. A complete and accurate copy of this contract is as valid as the original. This contract is made valid by in-person signatures, electronically signed signatures, or upon receipt of a signed, scanned copy by email. Initial:           

2. Service Policy:

Initial:           

3. Payment Policy:

Initial:           

4. Cancellation Policy:

Initial:           

4. Safety Policy:

Initial:           

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|



Guardian's Name

Date

Trainer & Title

Date

**Training Appointments**

|              |                            |                             |                            |                             |                            |                              |                              |       |                             |                             |
|--------------|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|------------------------------|------------------------------|-------|-----------------------------|-----------------------------|
| Session #1:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #2:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #3:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #4:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #5:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #6:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #7:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #8:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #9:  | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| Session #10: | <input type="checkbox"/> M | <input type="checkbox"/> Tu | <input type="checkbox"/> W | <input type="checkbox"/> Th | <input type="checkbox"/> F | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | Time: | <input type="checkbox"/> am | <input type="checkbox"/> pm |