



Training Service Contract

Client & Dog Information

Your Name:	How did you hear about us?
Cell Phone:	Email:
Address:	
Dog's Name/ ID:	Breed/Age/Sex:
Dog's Name/ID:	Breed/Age/Sex:

Emergency & Health Information (If applicable)

Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	
My veterinarian has cleared my dog for training at I Heart K9, Obedience, obstacles and Protection ...(If Applicable) INITIAL:	

Liability Waiver & Policies

<p>1. Aleah & James Erickson and the staff of I Heart K9 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, I recognize that Aleah & James Erickson and I Heart K9 is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless Aleah & James Erickson and I Heart K9 of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Aleah & James Erickson and I Heart K9 instruction or control and under my own care as a result of following training instructions. I have been told by Aleah & James Erickson and I Heart K9 and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others.</p> <p style="text-align: right;">Initial:</p>
<p>2. Payment Policy: Payment is due on day of services. Group Class: Cash payment due BEFORE class. Private Lessons: Payment due at end of session Cancellation Policy: Must notify trainer within 24hr of session if you must cancel or you will be charged the full amount. Refund Policy: NO REFUNDS Initial:</p>
<p>3. I agree that my dog(s) has/have received and is/are current with all required vaccines and immunizations. I agree to maintain these required vaccines and immunizations while attending classes at I Heart K9. I understand that I take full responsibility for my dog's health. Initial:</p>

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

<i>Aleah Erickson</i>	1 / 23	
Electronically signed by Aleah Erickson	Date	Owner/Handler Signature