



Group Class Customer Agreement

Which class would you like to take: _____ **Puppy Preschool** _____ **Never Too Late**
_____ **Fun with Agility Beginners** _____ **Fun with Agility Advanced** (please check one)

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ E-mail Address: _____

Pet's Name: _____ Breed: _____ Age: _____

Sex: _____ Spayed/Neutered: Y/N Birthday _____

AGGRESSIVE BEHAVIOR

By my initials in the box next to this paragraph, I acknowledge the Company has determined that my dog(s) may be aggressive or is aggressive. The Company has fully explained that since the outcome of any training/counseling program cannot be guaranteed and the aggressive behavior on the part of my dog(s) is or may become a risk to people and/or dogs, my decision to enroll in a training program is done solely and completely at my discretion with me taking 100% responsibility for any damage my dog(s) might cause to anybody during or after the training program. The Company does not promise to solve or curtail my dog's aggressive behavior. I further agree to take all possible safety measures recommended by my trainer, including but not limited to muzzling and leashing my dog(s) when around dogs and/or other people.

Total Cost: _____

Start Date: _____ Trainer: **Toni Woods-Wilson/Stephanie Roberts**

THE OWNER UNDERSTANDS AND AGREES THAT THEY ARE BEING TRAINED TO TRAIN THEIR DOG(S) AND THAT WITHOUT 100% COOPERATION WITH THE TRAINER; THE DOG(S) WILL NOT GET TRAINED.

I HAVE READ AND UNDERSTAND THAT ALL TRAINING IS CONTINGENT UPON THE OWNER'S WILLINGNESS TO HANDLE AND / OR WORK THE DOG(S) AS DESCRIBED ABOVE.

Owner's Signature: _____

Date: _____

Trainer's Signature: _____

Date: _____

Note: Additional terms & conditions which are part of this agreement are set forth on page 2.

TERMS & CONDITIONS

ANYTIME CANINE LLC. hereinafter known as “Anytime K9” cannot make any guarantee regarding the outcome of any training/counseling program. The owner assumes full responsibility for the dog’s behavior during and after the training/counseling program. _____ *Owner Initial*

TERMINATION OF TRAINING

The owner of the dog(s) may have the animal withdrawn from training at any time, however, once training has begun; all fees are non-refundable.

MISSED CLASSES

In the event that a client misses a class AnytimeK9, LLC allows 1 make-up class during the next session of classes free of charge. If two or more classes are missed an additional \$30 fee per make-up class is required at time of service.

LIABILITY

I, _____ as the legal owner/agent of the abovementioned pet(s), having carefully read and fully understand this agreement, do hereby waive and release Anytime K9 from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and hold harmless Anytime K9 from any and all claims due to damage the pet may cause to any family members of any third parties during or after training. The owner specifically acknowledges that they recognize the risk of taking a group class with other people and their dogs. This risk is entered into with the owner 100% responsible for their dog’s behavior at all times in the class environment.

MISCELLANEOUS

The owner/agent will be responsible for purchasing all necessary equipment that the trainer recommends for training the dog(s).

This training agreement and Addendum A represents the full and only agreement between the parties. The terms and conditions set forth in this agreement cannot be modified or changed in any way unless agreed to by both parties in writing. I have read, fully understand and agree to the above contract terms.

Owner/Agent Signature

Date

Trainer’s Signature

Date

ADDENDUM A

I, _____, as the legal owner/agent of the pet(s) noted in this agreement, do hereby state the following information is true and complete to the best of my knowledge. I understand Anytime K9 may utilize some or all of this information during the dog(s) training program and I have taken special care to present the information in an accurate fashion.

VETERINARY INFORMATION

Name: _____

Address: _____

Phone Number: _____

VACCINATION RECORDS

MEDICAL CONDITIONS

Please check all that apply.

Epilepsy Hip Dysplasia Arthritis Heart Disease

Other _____

MEDICATIONS

Please list all medications currently prescribed for the dog(s).

DOG'S DIET

Kibble: _____

Treats: _____

Known food allergies: _____

I hereby give permission to AnytimeK9 staff to telephone my Veterinarian to verify my pet's vaccination status (DHLLP-c, Rabies) (please initial) _____

How old was your pet when you acquired it? _____

Where did you acquire your pet? _____

Does your pet play off leash with other dogs? (circle one) Y N

If yes, please explain: _____

Is your pet sensitive about any part of its body? (Tail touched, paws touched, etc.) _____

Is your pet possessive of food or toys? _____

Has your pet ever bitten another dog? _____

Has your dog ever bitten a human? _____

If yes to any of the above, please describe: _____

Please note that only the collar types listed below are allowed in AnytimeK9 Classes.

- Flat Buckle
- Body harness
- Head harness (Gentle Leader, Halti)

Are there any specific issues you wish to address? Please list in order of importance to you.

1 _____

2 _____

3 _____

What do you wish to accomplish in class? _____

How did you hear about AnytimeK9? _____