Canine Etiquette Class Contract

|  |  |
| --- | --- |
| Guardian’s Name: | Referred By: |
| Home Phone: | Cell Phone: |
| Work Phone: | E-mail: |
| Address: | |
| Dog’s Name/ID: | Breed/Age/Sex: |
| Dog’s Name/ID: | Breed/Age/Sex: |
| Emergency Contact Name/Phone: | |

|  |
| --- |
| Veterinarian’s Name/Phone: |
| Dog’s Medication/Medical History: |
| Dog’s Recent Vaccination History: |
| Dog’s Food, Treats, Dietary Restrictions, etc: |

|  |  |  |
| --- | --- | --- |
| Name of class: | Date/Time: | Class Fee: |

|  |
| --- |
| 1. Pawsitive Perspective will endeavor to create as safe an environment as possible for the training of my dog and will endeavor to offer only sound, safe, and responsible training and training instructions. However, I recognize that Pawsitive Pespective and/or City of Burbank and/or Pimp my Pooch 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. I hereby agree to abide by the rules and policies of Pawsitive Perspective’s training classes as set forth in this contract. I understand that attendance of dog training classes is not without risk to myself, members of my family, guests who may attend, or to my dog. In consideration of, and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless Pawsitive Perspective and/or City of Burbank and/or Pimp my Pooch, its officers, directors, instructors, agents, employees and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me both in class and out of class. In addition, I agree that I will defend and indemnify Pawsitive Perspective and/or City of Burbank, and/or Pimp my Pooch for any injury, expense, costs or damages to any dog handlers or dogs, whether sponsored by me or not, or to third parties arising out of my own actions or the actions of my dog. I have read the above-stated provisions, and agree to accept those responsibilities.  2. Payment Policy: Class is to be paid in full at the time of first orientation meeting.  3. Cancellation Policy:  4. Class Rules: See orientation form |

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

Dog Guardian Date Dog Trainer & Title Date

|  |  |  |  |
| --- | --- | --- | --- |
| *F**or Trainer’s Use* | Amount Paid: | Date of Payment: | Type of Payment: |

Pawsitive Perspective Animal Training to Fit Your Life (866) 412-PAWS