

RR Professional Training LLC
1809 Sheils Road, Carlton MN
917-652-1646 / 218-384-4188
http://ramreizel.com

Kennel Training Customer Agreement

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ E-mail Address: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ E-mail Address: _____

Pet's Name: _____ Breed: _____ Age: _____ Sex: _____ Spayed/Neutered: Y/N

Where did you here about us? _____

Boarding and training dates

From: _____ drop off time _____ To: _____ estimated pick up time _____

KENNEL PROGRAM (On Leash)

The following cues will be taught by the trainer while the dog is boarded during this program:

SATISFACTORY DEMONSTRATION OF ALL NOTED ON LEASH CUES

Date: _____ Owner Initial: _____

KENNEL PROGRAM (Off Leash)

The following cues will be taught by the trainer while the dog is boarded during this program:

SATISFACTORY DEMONSTRATION OF ALL NOTED OFF LEASH CUES

Date: _____ Owner Initial: _____

LENGTH OF PROGRAM IN KENNEL

_____ lessons will be taught by the trainer over a period of _____ week(s) while the dog is boarded.

REMARKS

Most behavioral challenges cannot be eliminated or curtailed in a kennel environment. This means no guarantees are made or implied regarding the elimination or curtailment of any behavioral problems the dog may exhibit at home. Once the dog returns home, the trainer will counsel the owner so that the owner can address those behavior challenges listed below. This counseling will be in the form of verbal and written instructions given to the owner by the trainer on how the owner can solve or curtail the following behavior problems:

Note: Additional terms & conditions which are part of this agreement are set forth on pages 2 and 3.

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TERMS & CONDITIONS

Other than demonstrating the dog's response to the trainer on all cues noted in this agreement, Ram Reizel hereinafter known as "the Company" cannot make any guarantee regarding the outcome of any training/counseling program. The owner assumes full responsibility for the dog's behavior after demonstration 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The owner of the dog(s) may have the animal withdrawn from training at any time, however, once training has begun; all fees are non-refundable.

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 the Company and Ram Reizel 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 the Company and Ram Reizel from any and all claims due to damage the pet may cause to any family members of any third parties during or after training.

MEDICAL TREATMENT

The owner/agent authorizes emergency medical care to be provided by _____. In the event this veterinarian is unavailable the owner/ agent authorizes the Company to have the dog(s) given emergency medical treatment by any licensed veterinarian of the Company's choosing. The client will reimburse the Company for all charges related to this emergency care provided receipts are submitted to the owner. Upon receipt of such receipts, the owner/agent will pay all amounts noted on receipt(s) to the Company within fifteen days.

MISCELLANEOUS

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

In the event either party deems it necessary to employ legal counsel to protect its rights under this agreement, the prevailing party agrees to pay all expenses including, but not limited to costs and reasonable attorney's fees.

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

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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 the Company 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: _____