



PO Box 6564
Asheville, NC 28816

Training Class Service Contract

Client & Dog Information

Guardian's Name:	Referred By:
Name of other persons attending class including children:	
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: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>
Veterinarian approval to attend class initial:	
Dog's Recent Vaccination History (must attach copy of current vaccination record):	
<p>If electing to forgo Bordetella vaccination: I have decided to forgo the Bordetella vaccine and am willing to assume all risks and responsibilities in this decision. Initial:</p>	
Dog's Food, Treats, Dietary Restrictions, etc:	

Description of Services

Name of Class: Puppy Class	Date/ Time:	Class Fee: \$100
--------------------------------------	-------------	----------------------------

Liability Waiver & Policies

Pet Behavior Aid 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 Pet Behavior Aid 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 Pet Behavior Aid's 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 Pet Behavior Aid's, 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 Pet Behavior Aid 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.

Initial:

2. Payment Policy:
Payment must be received at time of registration.

Initial:

3. Cancellation Policy:

- Cancellation seven days prior to the start of the first class will be charged a \$25 processing fee.
- No refunds are available for cancellations less than seven days prior to the start of class.
- No refunds are available for missed classes (including classes missed due to females in estrus cycle).
- Attendance at orientation is mandatory to attend any class. Failure to attend will result in forfeiture of class registration fee.

Initial:

4. Class Rules:
Pet Behavior Aid reserves the right to decline entry to any dog who presents a behavior issue that may be overly dangerous, disruptive, or that may be exacerbated by participation in a group class. If Pet Behavior Aid determines the group class environment is not suitable for your dog, you will receive a pro-rated refund for the class and be charged a \$10 processing fee. You also may be offered a private lesson in lieu of a refund for remaining classes.

We welcome all friendly dogs. For safety reasons, females in estrus may not attend class.

Initial:

--	--

Dog Guardian

Date

Trainer & Title

Date