



Mail To: Susan Maret
1324 Old Tabby Lane
Mt. Pleasant, SC 29464

Private Day Training Service Contract

Client & Dog Information

Guardian's Name:	Referred By:
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:
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	
May we share your training & behavior report with your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Information

Other Professionals, Service Providers, or Visitors Expected During Training Hours:
Others Who Hold Keys to the Home:
Days Okay For Training Visits: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Times Okay For Training Visits: Between _____ am pm AND _____ am pm

Description of Services

Description of Services:	
Rate:	Total Due:



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Payment Information and Agreement

Form of Payment: Cash Check Visa MasterCard	
Name on Card:	Signature:
Number:	
Expiration Date:	3 digit code on back of card:
Billing address if different than address above:	
Paid in Full Paid \$ _____ on Date: _____	
Payment Plan: 1. I understand that by agreeing to a payment plan I have committed to the full length of the training program as stated in the Description of Services above. I understand that I am responsible for payment in full regardless of whether I choose to complete the training program. <div style="text-align: right;">Initial: _____</div>	
2. I authorize (Purely Positive Dog Training LLC) to run the credit card above as follows: Payment #1 Date: Amount: \$ Payment #2 Date: Amount: \$ Payment #3 Date: Amount: \$ Payment #4 Date: Amount: \$ Payment #5 Date: Amount: \$ Payment #6 Date: Amount: \$ <div style="text-align: right;">Initial: _____</div>	

Liability Waiver & Policies

1. (Purely Positive Dog Training LLC) will endeavor to create as safe an environment as possible for the training and of my dog and will offer only sound, safe, and responsible training, and post-training instructions. However, I recognize that (Purely Positive Dog Training LLC) 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 (Purely Positive Dog Training LLC) of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under (Purely Positive Dog Training LLC) care and under my own care as a result of following training instructions. I have been told by (Purely Positive Dog Training LLC) and understand the inherent risks in owning a dog, including but not limited to the risk of dog bites to myself or others. <div style="text-align: right;">Initial: _____</div>
2. I authorize (Purely Positive Dog Training LLC) to enter my home during agreed upon days and hours for the purpose of training my dog. <div style="text-align: right;">Initial: _____</div>
3. I authorize (Purely Positive Dog Training LLC) to take my dog off my property during the agreed upon days and hours for the purpose of training my dog. <div style="text-align: right;">Initial: _____</div>

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<p>4. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by (Purely Positive Dog Training LLC) in the event that my regular veterinarian is not available or that closer care is required. I will reimburse (Purely Positive Dog Training LLC) for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.</p> <p>I authorize (Purely Positive Dog Training LLC) to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by (Purely Positive Dog Training LLC) and I agree to indemnify and hold harmless (Purely Positive Dog Training LLC) for all and any results thereof.</p> <p>I DO NOT authorize (Purely Positive Dog Training LLC) to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by (Purely Positive Dog Training LLC) and I agree to indemnify and hold harmless (Purely Positive Dog Training LLC) for all and any results thereof.</p>	Initial: _____
5. Payment Policy:	Initial: _____
6. Cancellation Policy:	Initial: _____

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

Dog Guardian	Date	Susan Marett, Owner	Date