



# The Paw Patch



## Training Agreement

Thank you for choosing The Paw Patch as your training option! We really LOVE and CARE for all of the dogs that train with us. It is our pleasure and honor to be able to work with you and your dog or puppy.

Please know that in order to keep your dog, our personal dogs, and other dogs we are training safe, it is imperative that your dog or puppy is current on all of their vaccinations. This includes flea and tick preventative and heartguard. If the pet is not current on vaccinations and medications we **cannot** be held responsible for any harm that may come to your pet because of this. ( )

**Also, please be sure to contact us one week in advance so we can arrange drop off and pick up dates and times.** Because of the home environment and wonderful care we provide, we are quite often booked by other families for training, so it is important we have at least a weeks notice to arrange these times with you. Thank you! ( ) **Initials**

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ Please check one: Home \_\_\_ Mobile \_\_\_ Other \_\_\_

**Alternate Phone:** \_\_\_\_\_ Please check one: Home \_\_\_ Mobile \_\_\_ Other \_\_\_

**Business Phone:** \_\_\_\_\_ Please check one: Home \_\_\_ Mobile \_\_\_ Other \_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency Contact Name (if other than owner)** \_\_\_\_\_

**Emergency Phone (if other than owner):** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Any information we need to know about your dog:** \_\_\_\_\_

**If in our judgment, your dog requires medical care,** you agree to be solely responsible for the payment of all medical bills for your dog and you release The Paw Patch and company from any and all responsibility for, or claims, damages, or debts arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

( ) **Initials**

By signing this you release, indemnity and hold The Paw Patch and company harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by The Paw Patch, except which may arise from the sole gross negligence or intentional and willful misconduct of The Paw Patch, including, without limitation: (i) any inaccuracy in any statement made by yourself or information provided by you to The Paw Patch (ii) your dog, including but not limited to destruction of property, dog bites and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this Agreement.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_