



‘Come And Walk With Me’ Class Training Service Contract (Coaching)

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:	

Description of Services

Description of Services:	
Loose Leash Walking With Distractions, and "Come" when called – 4 weeks class	
*Payment via email transfer to info@pawsitiveplus.com , cash, or cheque written to "Pawsitive Plus Dog Training and Consulting Service Ltd."	
Rate: \$ 165.00 (No added tax)	Total Due: \$165.00

1. Genevieve Reisinger will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and training instructions. However, I recognize that Genevieve Reisinger 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 Genevieve Reisinger and Pawsitive Plus Dog Training and Consulting Service Ltd. of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Genevieve Reisinger's instruction or control and under my own care as a result of following training instructions. I have been told by Genevieve Reisinger and understand the inherent risks in owning a dog, including but not limited to the risk of dog bites to myself or others.

Initial:

2. Payment Policy: Full payment is due by online e-transfer, cash or personal cheque (to Genevieve Reisinger) prior to or at the initial meeting for lessons planned and booked.

Initial:

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

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Dog Guardian

Date

Trainer & Title

Date

I grant my permission for behavioral and health information to be freely shared between my trainer, Genevieve Reisinger and my veterinarian, Dr. _____ for the benefit of my dog. _____.

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Dog Guardian

Date