

**Dog Training Contract**

**Dog’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Breed |  |
| D.O.B. |  | Gender |  |
| Food |  | Amount |  |
| Allergies |  | Alerts |  |

**Dog’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Breed |  |
| D.O.B. |  | Gender |  |
| Food |  | Amount |  |
| Allergies |  | Alerts |  |

**Owner’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone |  |
| Address |  | City, State, Zip |  |
| Email |  | Alt. Contact |  |

I understand that this training program requires my wiliness to complete training lessons at home and complete the training log for my dog. These lessons require between 15-60 minutes a day depending on the level of training my dog is enrolled in. Failure to follow up with training at home may mean a failure to complete the program. If lessons are completed at home additional lessons may be provided no charge at the discretion of the trainer. Each board and train program is designed to have a set number of private in home lessons following completion of the boarding program. Only 2 additional lessons are given to complete each program except for the Service Dog level II program which has 4 extra lessons.

I attest that my dog is under the care of a veterinarian and is fit to be part of this training program. My dog is up to date on vaccinations, on preventative maintenance for heartworms, fleas, and ticks. I have provided proof of Rabies for my dog (required for all dogs 16 weeks of age and over).

My dog will be taken off site numerous places for training including but not limited to parks, pet stores, and other dog friendly locations. Service dogs in training will be taken additional locations. I understand that training brings my dog into contact with other dogs, animals, and new environments. Blue Ridge Canine, its trainers, and affiliates are not responsible for any illness or injury or death of my dog during training.

My dog will be crated when not working under the direct or indirect supervision of a trainer or staff of Blue Ridge Canine.

If bedding is provided for your dog and your dog chews on the bedding when crated bedding will be removed from the dog’s crate for the remainder of the program for safety reasons.

\_\_\_\_\_\_\_ I do want bedding provided for my dog.

\_\_\_\_\_\_\_ I do not want bedding provided for my dog.

Toys are also provided in crates and may include elk antlers, Kongs (these maybe stuffed with frozen dog food), and other strong chew toys. Again these will be removed if your dog is an extreme chewer and toys show signs of severe wear.

\_\_\_\_\_\_\_\_ I do want toys provided in the crate for my dog

\_\_\_\_\_\_\_\_ I do not want toys provided in the crate for my dog

I understand that I will be responsible for providing enough food for my dog during training. If enough food is not provided additional food will be purchased and added to my bill plus $5.

Dogs will be transported securely in vehicles during travel via pet barrier gates, crates, or dog seat belts. If specific restraint is desired during your dog’s stay or training with Blue Ridge Canine it must be provided by the owner (example would be a dog seat belt harness).

I am solely responsibly for the behavior and actions of my dog both during and after training. Blue Ridge Canine, its trainers, and affiliates are not responsible for my dog’s actions including any injuries or illnesses caused by my dog to other animals, dogs, or people. If my dog’s behavior is deemed a safety issue my dog may be removed from the program without refund and referred for specialized training or into one of our aggression rehabilitation programs.

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Owner Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Blue Ridge Canine Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Blue Ridge Canine, it’s trainers, employees, and affiliates access to my dog(s) medical records from,

Veterinarian/Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further authorize Blue Ridge Canine, it’s trainers, employees, and affiliates the right to seek medical care for my dog(s) from the veterinarian/hospital listed above, Blue Ridge Animal Hospital (Culpeper, VA), Great Falls Animal Hospital (Great Falls, VA), Walkersville Veterinary Clinic (Walkersville, MD), and/or any emergency or after-hours animal hospital in the result of any illness or injury in which I am unable to be contacted first. This includes seeking emergency medical care prior to contacting the owner. **I understand that I will be financially responsible for any medical treatment that my dog may need while under the care of Blue Ridge Canine.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Date

**Medical Records** – list dates given

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| --- | --- | --- | --- | --- | --- | --- |
| **Dog’s Name** | **Rabies** | **DHPP** | **Bordetella** | **Negative Fecal** | **Heartworm Prevention** | **Flea/Tick Prevention** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |