



WARL Private Training Service Contract

Client & Dog Information

Guardian's Name:	Referred By:
Home Phone:	Work Phone:
Cell Phone:	Email:
Address:	
Dog's Name:	Breed/Age/Sex:
Neutered/Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain)	

Emergency & Health Information

Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
* Please submit proof of your dog's vaccinations (for adult dogs: bordetella, distemper, and rabies; for puppies: 2 distemper vaccinations, bordetella, rabies at 12 weeks, and on schedule with their veterinarian).	
Dog's Food Brand:	Dog's Food Type (dry, wet, dry/wet, raw, etc):
Any dietary restrictions?	

Description of Services

Description of Services:	
Rate:	Total Due:

Goals and History

What are your goals for this session?	
Where did you get your dog?	How long have you had your dog?
Please describe any circumstances where your dog has shown any aggression (growling, snapping, barking, nipping, etc).	
Please describe any incidents where your dog has bitten another person or dog.	



Liability Waiver & Policies

<p>1. The Washington Animal Rescue League 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 the Washington Animal Rescue League 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 the Washington Animal Rescue League of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under the Washington Animal Rescue League's instruction or control and under my own care as a result of following training instructions. I have been told by the Washington Animal Rescue League and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others.</p> <p style="text-align: right;">Initial: </p>
<p>2. Payment Policy: Payment is due before the first session. Once payment is received, you will receive an email confirmation. If you do not receive a confirmation, please call us at your earliest convenience. We accept Visa, Mastercard, and American Express. Private sessions are \$100 per hour or \$360 for a package of four one hour sessions.</p> <p style="text-align: right;">Initial: </p>
<p>3. Cancellation Policy: There will be no refunds given for sessions purchased and not completed. All sessions require a 24 hr. notice to reschedule. Arriving more than 15 minutes late automatically cancels your session with the regular session charges still applying.</p> <p style="text-align: right;">Initial: </p>
<p>4. Private Sessions Guidelines, Rules, and Tips:</p> <ul style="list-style-type: none"> i. A complete registration form, proof of vaccinations, and payment are due before the first session. ii. Please exercise your dog for 15 minutes prior to the session. This will give your dog a chance to let off some excess energy as well as go the bathroom if necessary. iii. Please bring plenty of small cut up treats (hot dogs and string cheese usually work well). iv. WARL reserves the right to remove any dog that is aggressive, unsafe, or inappropriate. <p style="text-align: right;">Initial: </p>

Credit Card Information

Type of Card:	Card Number:	Exp. Date:
---------------	--------------	------------

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

Dog Guardian	Date	WARL Representative & Title	Date