



## Private Canine 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:	Phone:
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	

### Liability Waiver

**Dreamcatcher™ Animal Assisted Wellness Academy** 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 **Dreamcatcher™ Animal Assisted Wellness Academy** 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 **Dreamcatcher™ Animal Assisted Wellness Academy** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **Dreamcatcher™ Animal Assisted Wellness Academy** instruction or control and under my own care as a result of following training instructions. I have been told by **Dreamcatcher™ Animal Assisted Wellness Academy** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others.

Initial:

### Cancellation Policy

Please note that we require 48 hours cancellation notice. If notice is given with more than 48 hours notice to your scheduled consultation, your money will be refunded in full, minus a 4% service charge if attendance paid with a credit card. If notice of cancellation is given with less than 48 hours notice, refund of your money will be dependent upon Dreamcatcher™'s ability to fill your reserved place.

Please initial that you have read and are in agreement with this cancellation policy. Initial:



**Payment Information & Policies**

<b>Payment Policy:</b>	
I understand payment is due prior to scheduling each consultation and will be billed to my credit card within 48 hours unless alternative payment methods are arranged. I also understand there is a 4% service fee applied to each transaction paid by credit card.	
Initial: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span>	
<b>Rate:</b> \$183.75 per hour \$472.50 per 3 hour package Rates include GST	<b>Number of Consultations:</b>
First session includes a Karen Pryor iClick Clicker. Book and pay for 3 consultations at a time and save nearly \$80.	
Total submitted _____ Date _____ Signature <span style="background-color: yellow; display: inline-block; width: 150px; height: 15px;"></span>	
Please choose one of the following methods of payment and complete as necessary:	
Email Money Transfer: Please send to <a href="mailto:Info@dreamcatcherassociation.com">Info@dreamcatcherassociation.com</a> and provide the answer of Dreamcatcher Question _____ Answer: Dreamcatcher	
Cheque/Money Order: Please make cheque or money order payable to: Dreamcatcher™ Academy 53044 RR 213, Ardrossan, Alberta, T8G 2C4	
Credit Card Payment: Please provide a Visa, American Express, or Mastercard number, Expiry Date, and Name as it appears on the card. Name _____ CVV _____ Number _____ Expiry _____	

**Additional Information**

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

Dog Guardian - Signature	Date	Admin - Signature	Date