



**Waiver for Private, Semi Private & Group Lesson Programs,  
Consultations, Dog Walking, Client Boarding, Daycare, Board & Train  
Program**

**Dog Information:**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male or Female \_\_\_\_\_

Age: \_\_\_\_\_

Spayed or Neutered? (Yes or No) \_\_\_\_\_

Deworming - For Puppies only (Yes or No) \_\_\_\_\_

**Vaccinations:**

▪ Rabies (Yes or No) \_\_\_\_\_ Date: \_\_\_\_\_

\*\*(copy of up to date vaccinations is a must for client boarding and all board and trains)

**Owner Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you ever owned a dog before? \_\_\_\_\_

**Vet Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Where Did You Hear About Us? (circle one)**

Google Search   Petstore   Facebook   Social Media   Rescue   Friend/Family   Vet

Other: \_\_\_\_\_



## CLIENT RELEASE

I understand that, despite Good Doggy! best efforts to maintain the safety of every dog and human in my home and community, there are certain risks involved in Good Doggy! training, boarding, daycare or dog walking. These risks include, but are not limited to my dog contracting fleas, kennel cough or some other communicable illness. I voluntarily accept these risks, and release Good Doggy! and its employees, independent contractors, owners and assigns from any and all claims arising out of injury or damage in any way related to or resulting from my association with Good Doggy! including but not limited to, claims of injuries to my dog, myself or to any property that belongs to me. I understand and agree that dogs can be unpredictable and that if my dog becomes injured while training or boarding with Good Doggy! I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I understand and agree that this release applies to future unknown or unsuspected claims. I also acknowledge that Good Doggy! holds no refunds as a standard operating policy for all its clients.

***\*\*I represent that my dog is currently in good health and has not had any communicable illness of any kind for two weeks prior to attending Good Doggy! Obedience Training & Consultations: private lessons, consults, client hikes, boarding, daycare, dog walking, group lessons, & board and train services. I further represent that each time I bring my dog to Good Doggy!, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for two weeks prior to such attendance.\*\****

*All media (pictures, videos, etc.) for Good Doggy! Obedience Training & Consultations are the property thereof.*

**I understand that all of the statements above will also apply to training in my home and community.**

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

### **Compliance with Canadian Anti-Spam Law and It's Regulations (CASL)**

I consent to receiving electronic communications from the trainer/owner or their staff of Good Doggy! about my training needs, events, Good Doggy! pack walks (Dogs and Tea), information about products and services that might benefit me and my dog. I understand that I may withdraw my consent at any time. \_\_\_\_\_ *Owner Initial*

**Print Name:** \_\_\_\_\_

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

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



## TERMS & CONDITIONS

Nadine Francis/Good Doggy! cannot make any guarantee regarding the outcome of any training/counseling program. The owner assumes full responsibility for the dog's behavior during and after the training/counseling program. The owner is responsible for maintaining, applying and following the recommended training and/or applicable tools. \_\_\_\_\_ *Owner Initial*

### TERMINATION OF TRAINING

The owner of the dog(s) may have the animal withdrawn from training at any time, however, once the contract has been signed; **all fees are non-refundable**. Should the dog or owner fall ill before training, the program can be rescheduled for a later time. In the chance that clients must reschedule a session, two reschedules will be accepted to be fair to other clients on a rotation training schedule.

**\*There are NO refunds after 48 hrs of paying the deposit.** The deposit is to secure your spot with Good Doggy! This applies to all Good Doggy! programs \_\_\_\_\_ *Owner Initial*

### LIABILITY

I, \_\_\_\_\_ as the legal owner/agent of the abovementioned pet(s), having carefully read and fully understand this agreement, do hereby waive and release Nadine Francis and Good Doggy! from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and hold harmless Nadine Francis and Good Doggy! from any and all claims due to damage the pet may cause to any family members of any third parties during or after training. Good Doggy! will take care and precaution always to ensure the best possible outcome using muzzles and balanced tools to help when necessary until the dog is ready to move forward, if applicable. The owner also acknowledges that there are certain risks when training dogs with aggression and reactivity such as those mentioned above.

### MISCELLANEOUS

The owner/agent will be responsible for purchasing all necessary equipment that the trainer recommends for training the dog(s).

This training agreement represents the full agreement between the parties. The terms and conditions set forth in this agreement cannot be modified or changed in any way unless agreed to by both parties in writing. I have read, fully understand and agree to the above contract terms.

**I understand that all the terms and conditions of this contract apply to private, semi-private, group training and board and train programs and regular boarding in Nadine's home, client's home and community.**

Training for \_\_\_\_\_ will start on \_\_\_\_\_ and must be completed within  
**Client Name** **Date of 1<sup>st</sup> Session or Drop Off**

\_\_\_\_\_ weeks of the programs start date.



**PAYMENT SCHEDULE**

Deposit Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Paid in Full (yes or no) \_\_\_\_\_  
Final Payment Amount: \_\_\_\_\_ Date: \_\_\_\_\_

*The timeframe above applies with all terms stated in the termination of training section of this contract.*

\_\_\_\_\_  
**Print Name (Client)**

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

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

\_\_\_\_\_  
**Print Name (Head Trainer/Owner)**

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

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

*\*One copy is for Good Doggy! One copy is for Client. \**