

Canine Behavior Center, Inc.

P.O. Box 201
Redmond, WA 98073-0201
(206) 367-8071 – (425) 898-1341

TRAINING AGREEMENT BASIC OBEDIENCE CLASS

Owner: _____
Phone #: _____
Alt. Phone #: _____ Ext: _____
Address: _____
City: _____ St: _____ Zip: _____
Dog's Name: _____
Breed: _____
Sex: _____ Spayed/Neutered: _____ Age/D.O.B.: _____

SHOTS
ALL DOGS AND PUPS MUST HAVE CURRENT
PARVOVIRUS SHOTS. DOGS OVER SIX MONTHS OF AGE
MUST HAVE RABIES SHOTS.

COURSES INCLUDES

Heeling, sit, sit stay, leave it, down, down stay, come, and stand. Also during the course of this class, problems related to the home will be addressed including biting in play, jumping up, chewing, digging, etc.

EQUIPMENT REQUIRED

You will need a collar (type of collar required depends on the individual dog) and a six foot leash. Later on in the course you will need a 20 foot long line. You cannot use a retractable (flexi) leash, or a chain link leash for training. All necessary equipment may be purchased at class. There you will be able to have the dog fitted properly.

Length of course: 9 Sessions

Eight one hour classes with your dog (one per week), and one two hour seminar. Please bring your dog to the first night of class. Do not bring your dog to the seminar.

Please check the class you wish to attend.

Starting Day: _____
Starting Time: _____
Class Location: _____
Alternate Date: _____
Alternate Time: _____
Alt. Location: _____

Class Fee: \$130.00

To make a reservation for any of our upcoming classes, please give us a call to hold your spot. The balance of the class fee is payable the first session. We accept checks or cash.

In case of inclement weather, please call the office. If class is being canceled for the night because the roads in the area are unsafe, instructions will be left on the voice mail greeting at least three hours prior to the start of class. Your class will resume the following week where it left off.

I, the undersigned, understand that the objective of these classes conducted by CANINE BEHAVIOR CENTER, Inc. is to help me become a competent handler of my enrolled dog, and, to accomplish this purpose, I agree to the following conditions:

1. I will bring my dogs shot records the first night of class. Proof of current rabies vaccinations are required for dogs six months of age and older. Proof of parvovirus vaccinations are required for all dogs.

Agreed: _____ (initial)

2. I will devote a minimum of one half hour daily in out-of-class work on obedience training with my dog.

Agreed: _____ (initial)

3. I hold CANINE BEHAVIOR CENTER, Inc. free and harmless from, and indemnify it against, and assume all risk on account of loss, damage or injury to any person, dog, animal, or other property of any person, at any time and at any location, during the course of, or as a result of training by CANINE BEHAVIOR CENTER, Inc.

Agreed: _____ (initial)

4. I understand that the enrollment fee is non-refundable, but that I may transfer into a later class after the above date with permission.

Agreed: _____ (initial)

Where did you find out about Canine Behavior Center, Inc.?

Google/Bing: _____ Vet/Pet Store: _____
Friends: _____ Radio: _____
Qwest Yellow Pages: _____ Other: _____
Verizon Yellow Pages: _____

DATED: _____

SIGNED: _____

Dog's Owner

SIGNED:  _____

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