Rocky Mountain Happy Paws Training Agreement Trainer Shelly Pinnt 970-761-3879

Owners Name:			Today's Date			
Telephone Number:Address:			Alternate Phone:			
			City		State	
Dogs Name		Bı	reed:	Col	Color	
Male	Female	Spayed	Neuter	Age		
Date of M	Multiple Vaccine	B	ordatella	Rabies		
Veterinarian			Phone			
Does you	ur dog have Aggres	sive tendencies?	Towards l	People?	Dogs	
Previous Surgeries or other health issues?				Allergies?		
given for Your dog in a crate also inclu	r his services and reg's training will inversible. Your dog udes confidence bu	terinarian and if theresponsibility would be olve intensive training will be in training the ilding, free time in y l gatherings or outin	ne on the client. In and socialization roughout the day brard (with other dog	. At night the coken into 30 ms if possible 'sa	log will be sleeping inute segments. Thi me size and energy	
	_	ry from flat buckle, our dog I will go over	_			
Dog food Initial	d will be supplied b	y owner, if there is r	need to purchase mo	ore feed it will b	oe reimbursed.	
If Dog Sand care.	•	Home date it is 50.	00 a day and will st	ill detail in sam	ne training program	
Fee	Days	of Training	Go Hom	ne Date		
Owners S	Signature			Date		
Trainers	Signature			Date		

Rocky Mountain Happy Paws Release of Liability

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I acknowledge that there are certain risks inherent in the keeping of my dog while in training, no matter how careful the trainer is in caring for the dog. I hereby accept and assume, without reservation all risks associated with my participation in the training, including, but not limited to: the risks of any and all injuries to my dog such as minor injuries which may occur in training and play area, such as sore/torn paws, scratches to more serious risks such as serious injury, illness contracted from another animal or death. I accept and assume all risks associated with placing my dog in the Rocky Mountain Happy Paws Training program.

Communicable diseases: all pets coming in the training program or required to be vaccinated. However, it is still possible for a pet to become ill, even if vaccinated. I understand this risk and agree that the Training Program is not liable for any illness suffered by my pet during or after its stay, including but not limited to Tracheobronchitis (Canine Cough).

A Veterinary Check will be done on day the dog arrives for training with owner and trainer.

This Waiver of Liability and Informed Consent Release shall be legally binding.

I certify that I have read, understood and agree with the policies set forth on this page. I agree with the conditions and statements of this agreement.

Signature of Owner	_Date
Name of Owner	_Date
Trainer Signature	_Date

Rocky Mountain Happy Paws **Dog Profile**Trainer Shelly Pinnt 970-761-3879

Name	Age	Breed	Date
Food Amount	moist or dry		
Any health concerns:			
Medication	Surgeries	Seizures	Allergies
Other			
Aggression with FoodOther			Toys
Any excessive Barking Other			Jumping
Any unwanted Behaviors v	would like to work on		
			e)
Anything to tell us about you	our dog		
Wanted Tricks (if any)			
Owner Signature			

Trainer Signature					