



Private - Day Training 'and/or' Drop Off - Service Contract

Client & Dog or Cat Information

Guardian's / Owner's Name:	Referred By:
Home Phone:	Work Phone:
Cell Phone:	Email:
Address:	
Dog's or Cat's Name/ ID:	Breed/Age/Sex:
Dog's or Cat's Name/ID:	Breed/Age/Sex:

Emergency & Health Information

Human Emergency Contact:	Phones:
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	
Dog's Recent Initial Exam by 'your' Veterinarian & Vaccination History: You must provide physical copies of Veterinarian Invoices/Receipts (I may keep) of entire current Vaccinations to date (7 weeks to the day and after) & Proof since bringing home Puppy/Dog has been seen by your Veterinarian. Owner given vaccinations are <u>not</u> recognized.	
<u>Pup's/Dog's Special Needs</u> (Food, Treats, Dietary Restrictions, etc):	
<u>Any Human Special Needs</u> we should be aware of (For Ex.: Noise Phobia/PTSD Attacks, Seizures, Hard of Hearing, a Live In Assistant who will be attending, Etc.): Please bring to our attention privately.	

Home Information

Other Professionals, Service Providers, or Visitors Expected During Training Hours:
Others Who Hold Keys to the Home:
Days Okay For Training Visits: <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Times Okay For Training Visits: Between _____ <input type="checkbox"/> am <input type="checkbox"/> pm AND _____ <input type="checkbox"/> am <input type="checkbox"/> pm



Description of Services

Description of Services:	
Rate:	Total Due:

Payment Information and Agreement

Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover																			
Name on Card:	Signature:																		
Number:																			
Expiration Date:	3 digit code on back of card:																		
Billing address if different than address above:																			
<input type="checkbox"/> Paid in Full Paid \$ on Date:																			
<input type="checkbox"/> Payment Plan:																			
<p>1. I understand that by agreeing to a payment plan I have committed to the full length of the training program as stated in the Description of Services above. I understand that I am responsible for payment in full regardless of whether I choose to complete the training program.</p> <p style="text-align: right;">Initial: </p>																			
<p>2. I authorize (Trainer's Name or Business Name) to run the credit card above as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Payment #1</td> <td style="width: 20%;">Date:</td> <td style="width: 65%;">Amount: \$</td> </tr> <tr> <td>Payment #2</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #3</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #4</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #5</td> <td>Date:</td> <td>Amount: \$</td> </tr> <tr> <td>Payment #6</td> <td>Date:</td> <td>Amount: \$</td> </tr> </table> <p style="text-align: right;">Initial: </p>		Payment #1	Date:	Amount: \$	Payment #2	Date:	Amount: \$	Payment #3	Date:	Amount: \$	Payment #4	Date:	Amount: \$	Payment #5	Date:	Amount: \$	Payment #6	Date:	Amount: \$
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Payment #4	Date:	Amount: \$																	
Payment #5	Date:	Amount: \$																	
Payment #6	Date:	Amount: \$																	

Liability Waiver & Policies

<p>1. The Right Steps, Cindy C. Smith, & W. Leland Smith will endeavor to create as safe an environment as possible for the training and of my dog/cat and will offer only sound, safe, and responsible training, and post-training instructions. However, I recognize that The Right Steps, Cindy C. Smith, & W. Leland Smith is not responsible for any unintentional errors, omissions, incorrect assertions, or Coronavirus (COVID-19). 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/cat at all times and I hereby agree to indemnify and hold harmless The Right Steps, Cindy C. Smith, & W. Leland Smith of any and all claims of injury, expense, costs, or damages caused by the actions of my dog/cat while under The Right Steps, Cindy C. Smith, & W. Leland Smith care and under my own care as a result of following training instructions. I have been told by The Right Steps, Cindy C. Smith, & W. Leland Smith and understand the inherent risks in owning a dog/cat, including but not limited to the risk of dog/cat bites to myself or others.</p> <p style="text-align: right;">Initial: </p>
<p>2. I authorize The Right Steps, Cindy C. Smith, & W. Leland Smith to enter my home during agreed upon</p>



days and hours for the purpose of training my dog/cat.	Initial:
3. I authorize The Right Steps, Cindy C. Smith, & W. Leland Smith to take my dog/cat off my property during the agreed upon days and hours for the purpose of training my dog/cat.	Initial:
4. I authorize emergency medical care to be provided for my dog(s)/cat(s) by the above-named veterinarian, or an appropriate alternate to be determined by The Right Steps, Cindy C. Smith, & W. Leland Smith in the event the my regular veterinarian is not available or that closer care is required. I will reimburse The Right Steps, Cindy C. Smith, & W. Leland Smith for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.	
<input type="checkbox"/> I authorize The Right Steps, Cindy C. Smith, & W. Leland Smith to administer or seek 1 st aid and resuscitative care for my dog(s)/cat(s) as determined appropriate by The Right Steps, Cindy C. Smith, & W. Leland Smith and I agree to indemnify and hold harmless The Right Steps, Cindy C. Smith, & W. Leland Smith for all and any results thereof.	
<input type="checkbox"/> I DO NOT authorize The Right Steps, Cindy C. Smith, & W. Leland Smith to administer or seek 1 st aid and resuscitative care for my dog(s)/cat(s) as determined appropriate by The Right Steps, Cindy C. Smith, & W. Leland Smith and I agree to indemnify and hold harmless The Right Steps, Cindy C. Smith, & W. Leland Smith for all and any results thereof.	Initial:
5. Payment Policy:	Initial:
6. Cancellation Policy:	Initial:

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

		Cindy C. Smith/The Right Steps / Lead Trainer/Owner	
Dog/Cat Guardian / Owner	Date	Trainer & Title	Date

Mailing Address: The Right Steps, P.O. Box 1717, Fair Oaks, CA 95628