



**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: <b>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) &amp; Proof since bringing home Puppy/Dog has been seen by your Veterinarian. Owner given vaccinations are <u>not</u> recognized.</b>	
<b>Pup's/Dog's Special Needs</b> (Food, Treats, Dietary Restrictions, etc):	
<b>Any Human Special Needs</b> we should be aware of (For Ex.: Noise Phobia/PTSD Attacks, Seizures, Hard of Hearing, a Live In Assistant who will be attending, Etc.): <b>Please bring to our attention privately.</b>	

**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 <b>AND</b> _____ <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: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span></p>																			
<p>2. I authorize (<b>Trainer's Name or Business Name</b>) 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: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span></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. <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> 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 <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> 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 <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> of any and all claims of injury, expense, costs, or damages caused by the actions of my dog/cat while under <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> care and under my own care as a result of following training instructions. I have been told by <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> 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: <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span></p>
<p>2. I authorize <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> to enter my home during agreed upon</p>



days and hours for the purpose of training my dog/cat.	Initial: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
3. I authorize <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> to take my dog/cat off my property during the agreed upon days and hours for the purpose of training my dog/cat.	Initial: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
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 <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> in the event the my regular veterinarian is not available or that closer care is required. I will reimburse <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.	
<input type="checkbox"/> I authorize <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> to administer or seek 1 <sup>st</sup> aid and resuscitative care for my dog(s)/cat(s) as determined appropriate by <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> and I agree to indemnify and hold harmless <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> for all and any results thereof.	
<input type="checkbox"/> I DO NOT authorize <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> to administer or seek 1 <sup>st</sup> aid and resuscitative care for my dog(s)/cat(s) as determined appropriate by <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> and I agree to indemnify and hold harmless <b>The Right Steps, Cindy C. Smith, &amp; W. Leland Smith</b> for all and any results thereof.	Initial: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
5. Payment Policy:	Initial: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
6. Cancellation Policy:	Initial: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>

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

<span style="font-size: 2em; font-weight: bold;">_____</span>	<span style="font-size: 2em; font-weight: bold;">_____</span>	Cindy C. Smith/The Right Steps / Lead Trainer/Owner	<span style="font-size: 2em; font-weight: bold;">_____</span>
Dog/Cat Guardian / Owner	Date	Trainer & Title	Date

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