



ALTAMAHA CANINE CONSULTING . LLC

Dog Training / Kennel Boarding Contract Waiver of Risk & Release of Liability.

K-9 Name: _____

K-9 Breed: _____ K-9 Age: _____

Permenant ID: (Microchip / Tatoo) _____

Pertinant Notes Regarding K-9 (Allergies, Behavioral, Physical, Medications, Etc.)

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

Program Start Date: _____

Altamaha Canine Consulting (ACC), its owners, representatives, employees or volunteers shall henceforth be referred to as "ACC". The above named Canine shall be referred to as "Canine". The above named Canine's owner and/or authorized agent shall be referred to as "Owner".

I, _____, am the Owner of the above named Canine. I hereby enroll said Canine in the ACC facility for either boarding or training and this contract is valid from this date forward for anytime the canine is checked in or out of the kennel for boarding and training. ACC has presented to me that the trainer's facility located at 99 Flatwoods Rd. Screven GA 31560 is safe and adequate to keep Canine for the purposes specified, and that my pet will be kept in an outdoor kennel facility for the duration of this contract and I certify that I approve of the facility and its containment of my pet. I understand that while ACC has taken all precautions to ensure containment of my pet, However, ESCAPE is always a possibility as I understand there will be times where my pet is off leash training as well as in airing yards and various other situations. I realize at times a subcontractor may be used to socialize, train or transport my pet and that they will be operating as an affiliate of ACC. I understand that Canine will be fed once a day in the evenings unless pet has a medical problem requiring twice daily feeding and that monthly flea and heartworm prevention at my expense is required by the trainer as well as current vaccinations (Rabies, Distemper, Infectious Canine Hepatitis, Canine Adenovirus Type 2, Canine Parainfluenza, Canine Parvovirus, Leptospira Canicola, Leptospira Icterohaemorrhagiae, Leptospira Grippotyphosa and Leptospira Pomona, H3N2 Influenza and Bordetella). While I certify, that Canine is vaccinated I understand that circumstances occur and pets get sick and even have viral breakthrough of vaccines. If Canine causes damage to facilities or ACC, I understand that I am responsible for said property or personnel. I also understand that various training sites may be used to train Canine and that various properties may present safety hazards that are unforeseen (snakes, insects, embankments, etc) and that ACC and its affiliates will not be liable for any of such hazards.

I am enrolling my Canine into the following program:

(please mark selection with X)

- _____ Private Obedience Training session (1.5 hr.).....75.00 + Travel
- _____ Obedience In Board Program (2 months).....1200.00
- _____ Monthly Continuing Education450.00
- _____ Puppy Work (for preferred skill) (monthly).....300.00
- _____ Parasitve Prevention (per month)30.00
- _____ Boarding (charged per the day)20.00
- _____ Live Flyers (Per Bird)15.00

ADDITIONAL TRAINING: If ACC feels that additional time is needed to train the Canine and Owner refuses additional time, ACC shall not be responsible for reimbursements.

CANCELLATION OF TRAINING: If ACC feels that after 2 weeks in the training program that the dog is not competent for such training, the owner will be required to pick the Canine up within 7 days with ½ of all training fees returned (Not valid for programs that are 2 weeks or shorter). If at any time the Owner wishes to cancel the training sessions there will be no refund for services.

VETERINARY RELEASE: ACC agrees to exercise due and reasonable care for Canine for the duration of the contract. Owner agrees to release ACC and hold harmless its owner(s), employee(s), or agent(s) from any responsibility and/or liability for injuries, conditions, illness, escape or loss of life to Canine that may occur during boarding, training or transportation.

PAYMENT: Owner agrees to pay fees as follows: one month in advance and the at the close of each month for that months training. Owner will be responsible for coming to the kennel once per month for evaluation of Canine's progress. *If owner is dissatisfied with the training, see **Cancellation of Training** above.* If owner leaves Canine in the program then Owner is said to be satisfied with the progress. Any additional training periods discussed during the duration of this contract shall be agreed upon based on the rates specified above. I understand that the training fees include expenses for training and boarding as needed. It does not include food, preventatives, supplements, grooming or transportation. All payments will be accepted in money order, cashier's check, cash, or personal check and shall be made out to "ALTAMAHA CANINE CONSULTING" for "DOG TRAINING/BOARDING". All personal checks must clear prior to Canine leaving ACC facilities. Also payment can be made via CC through Square. (there is a 3% credit card fee for all Paypal Transactions)

PERFORMANCE: Owner understands that ACC's goal is to provide a Canine that is well adjusted and well trained as specified within the details of each program, however, Owner acknowledges that ACC, its owner(s), employee(s), or agent(s) make no warranties or guarantees, express or implied, as to the performance of Canine following the chosen training period.

ABANDONMENT: If owner cannot be reached at or near the specified completion date of this contract to arrange final payment and pick-up of Canine, ACC will consider Canine to be abandoned. A certified letter will be sent to Owner's address as provided above, demanding payment within 10 days from the date of the receipt of the letter. If Owner does not pay the amount due in full within the 10-day period and make specific arrangements for pickup/ shipping of Canine, at that time arrangements will be made for Canine at the sole discretion of ACC based on the understanding that Canine has been abandoned.

I REPRESENT THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

Owner Signature: _____ Date: _____

Please Print Name: _____

EMERGENCY CONTACT:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

ATTACH MEDICAL RECORDS:

proof of rabies, parvo virus, leptosporosis, parainfluenza, adenovirus, distemper, bordetella, H3N2 Influenza and a negative heartworm test if over 6 months of age, negative intestinal parasite exam within last 60 days

This information can also be emailed to jacobweaver@bellsouth.net

I attest that my dog is current on all required vaccines per this document and that the following veterinarian is responsible for the medical care of my pet.

Veterinarian: _____

Vet contact info: _____

Last Heartworm medication date dosed: ____/____/____

(if your pet is not up to date on all the above vaccinations, we will be required to vaccinate your pet while they are here)

PAYMENT:

Payment is due upon start of training

Deposit: _____

CHK# _____ / CASH / CC

Balance: _____

ACC Sig: _____

Additional Charges (Per Month, Etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TERMS: