GROUP CLAS	SS DOG TRAINING SE	ERVICES AGREEMENT	
Owner Name(s): Email: Dog's Name: Breed: Sex: Spayed/Neutered? Vet's Name:	City/Zip Age: Weight:	Address: p: :: ations current?	
Class Name:	Start D	Date/Time:	
with signed Training Agreemer SERVICES PROVIDED: Claprofessional dog trainer. Clas given to each dog-handler teathealthy, is aggressive or does PAYMENT: Payment is due commenced. Registration form REMOVAL FROM TRAINING: or threat of any nature to an circumstances. CLEANLINESS: Owner is resp. LIABILITY: Owner agrees to ir liability for any loss, damage or	nt. These items must be received asses are taught by Lynsie I ses are limited to no more than am. Trainer, at his/her discretion not seem suitable for the service prior to the start of training. In/payment can be mailed to Ideal at Trainer, at his/her sole discretion other animal or person is propossible for the removal of excrementation and the proposed in the pr	ill not be held until payment is received alord prior to commencement of first class.  Bernier, CPDT-KA ("Trainer"), a certificant 6 dogs so that personal attention may be a provided.  No refunds will be given after class has 1 DOG 3450 Senn Road, Omro, WI 54963. On, may remove a pet from class if a hazar resent. No refund will be given under sufficient that their pet is responsible for.  Trainer's employees/agents harmless from reperty arising from or related to Owner's page to animal for any reason unless said lo	ed be not as ard ch all et.
Trainer's signature		Date	
Owner's signature For office use:		Date	
	Start Date/Time:		
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Vet records verified\_\_\_\_\_

Confirmation Sent\_\_\_\_\_

Duration: \_\_\_\_\_ Location: \_\_\_\_

Email reminder sent

Payment Received\_\_\_\_\_