

Old Town Retrievers
Whitney Sayers
757-773-5181

P.O. Box 992
14438 Yeardley Rd.
Eastville, VA 23347

Obedience Training Contract

_____, Client, hires by contract Old Town Retrievers for the purpose of dog training. _____, dog(s), which will be trained by Old Town Retrievers bound with this contract.

- (A) **TRAINING FEE**: Old Town Retrievers will be paid the monthly training fee of \$700__ for each dog listed above. Minimum training contract is for 2 months.

The first month's fee is due at the signing of the contract. Payments are due monthly (30 days) after drop off. If payments are late there is a fee of 10% each month.

In return for payment Old Town Retrievers will train dog(s) listed above.

Client is responsible for providing dog food, flea and tick medicine and heartworm meds monthly. If OTR has to provide there will be an extra fee applied on top of supplies bought.

- (B) **VETERINARY CARE**: Old Town Retrievers will, on routine basis, inspect dog(s) for injury or sickness. Proper veterinary care will be sought in the case that it is deemed necessary by Old Town Retrievers.

The client authorizes needed veterinary care by signing this contract. Client also agrees to reimburse all medical service and medicine fees. Payment of these fees will be on a monthly basis added to the monthly training fee invoice.

The client is responsible to have all vaccinations (rabies/booster) shots current on their dog(s). The client will provide a copy of the dog(s) rabies vaccination on or before the time the dog(s) arrive. Old Town Retrievers also requires each dog be treated for kennel cough with a Bordatella Vaccine. The client will provide documented proof on or before the time the dog(s) arrives at Old Town Retrievers.

The client must provide enough heartworm medication and flea/tick medication to last the dogs stay. Old Town Retrievers will administer these medications on a schedule determined by the client. Old Town Retrievers can provide such medications at the expense of the client, and will be added to the monthly invoice.

- (C) **DEFAULT**: In the event the client fails to pay fees and/or expenses outlined by this document for a period of 90 days, ownership of contracted dog will be forfeited. After notification that the contract has reached the 90 day delinquent status, client will forfeit contracted dog to cover outstanding balance due to Old Town Retrievers. Also client will be obligated by this contract to transfer all ownership documentation and registration to Old Town Retrievers. If legal action is required to obtain proper ownership documentation,

client will be bound by this contract to pay attorney's fees and court costs incurred by Old Town Retrievers to obtain ownership transfer.

- (D) HOLD HARMLESS: The client will hold Old Town Retrievers free and harmless from any and all claims, liability, damage, loss, or expense arising out of any injury to any person or to any persons property by the dog(s) named in this contract, while in the care, custody and control of Old Town Retrievers.
- (E) LIABILITY LIMITATIONS: The client acknowledges that it is accepted that dog training will not provide exact results. Each dog is different in regards to ability, intelligence and temperament. Old Town Retrievers makes no expressed, nor implied guarantee, to the results reached in training or to the level of competency reached by contracted dog(s). Old Town Retrievers reserves the right to terminate this training contract at any time, and to request that the client pick up his/her dog(s). All pre-paid training fees will be refunded on a daily pro-rated basis in the event that Old Town Retrievers would make said request.

The client accepts that this is a training contract and that Old Town Retrievers is not an insurer of the condition of the dog(s) while it is in the custody of Old Town Retrievers.

Old Town Retrievers is in no way responsible for the cost of replacing contracted dog(s) or for any damage of any kind, should contracted dog(s) die, be stolen, escape, or become injured or become ill while in the care of Old Town Retrievers. Proper care will be given and generally accepted training methods will be followed while dog(s) is under contract. Training can be dangerous and injury or death can occur, even when careful measures have been taken.

- (F) SOLE AGREEMENT: This contract is the sole agreement between the client listed and Old Town Retrievers. Any prior agreements, promises, negotiations, or representations not expressed in this contract are no longer in force or effect. Exception being additional terms agreed upon as listed below.

OTHER AGREEMENTS:

CLIENT AGREEMENT:

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Client Signature	Date
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Old Town Retrievers Signature (Whitney Sayers)	Date

Client Information

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work) _____ (cell) _____

Dog Information

Call Name: _____

Breed: _____ Male / Female D.O.B.: _____

Dog : Spayed / Nuetered ? _____

Does your dog get along with other dogs? Yes / No

When do you feed your dog? AM _____ PM _____ BOTH _____ How Much each meal? _____

Microchip or Tattoo? Yes / No

Medical history or pre-existing injury / illness: _____

Heartworm (Due on:) _____ Flea / Tick (Due On:) _____

Emergency Information

Personal Vet. & Number: _____

Person to contact in case of emergency: _____

Number to call: _____

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Does your dog currently or have they in the last 2 weeks had any symptoms listed below?

Symptom:	Now	In the last 2 weeks
Coughing	_____	_____
Sneezing	_____	_____
Throwing up	_____	_____
Diarrhea	_____	_____
Excessive peeing	_____	_____
Excessive Water Drinking	_____	_____
Excessive Panting	_____	_____
Appetite Change	_____	_____
Change in Activity Level	_____	_____
Sores or Lumps on Skin	_____	_____
Shanking of the head	_____	_____

Has your dog ever been attacked by another dog? Yes _____ No _____

Has your dog ever attacked another dog? Yes _____ No _____

Has your dog ever bit a person? Yes _____ No _____

Emergency Veterinary Care:

In the event of an emergency, I give Old Town Retrievers permission to take my dog, _____, to Cape Charles Animal Hospital or any Emergency Vet needed for emergency treatment in the event of an emergency.

I, _____ understand that I am responsible for any and all medical expenses and will pay the vet or emergency vet when needed.

Signature

Date