

Private Training Service Contract (Coaching)

Client & Dog or Cat Information

Guardian's Name:

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						
Emergency Contact:	Phones:					
Vet Office/ Vet's Name:	Phone:					
Current Medications:	Reason(s) for Meds:	Reason(s) for Meds:				
Important Medical History Notes:						
May we share your training & behavior	report with your veterinarian? Yes No					
Description of Services						
Description of Services:						
Rate:	Total Due:					
	_					
Payment Information and Agree						
Form of Payment: Cash Check	Visa MasterCard Discover					
Form of Payment: Cash Check Name on Card:						
Form of Payment: Cash Check Name on Card: Number:	Visa MasterCard Discover Signature:					
Form of Payment: Cash Check Name on Card:	Visa MasterCard Discover Signature: 3 digit code on back of card:					
Form of Payment: Cash Check Name on Card: Number: Expiration Date: Billing address if different than address	Visa MasterCard Discover Signature: 3 digit code on back of card:					
Form of Payment: Cash Check Name on Card: Number: Expiration Date:	Visa MasterCard Discover Signature: 3 digit code on back of card:					

Referred By:



	1. I understand that by agreeing to a payment plan I have committed to the full length of the training						
			ve. I understand that I am responsible	le for payment			
in full regardles	in full regardless of whether I choose to complete the training program.						
			Tuiti	-1.			
Initial: 2. I authorize (Trainer's Name or Business Name) to run the credit card above as follows:							
Payment #1	Date:	Amount: \$	ie) to run the credit card above as io	nows:			
Payment #2	Date:	Amount: \$					
Payment #3	Date:	Amount: \$					
Payment #4	Date:	Amount: \$					
Payment #5	Date:	Amount: \$					
Payment #6	Date:	Amount: \$					
r ay mone o	24101	12ο α φ	Init	ial:			
<u> </u>							
Liability Waiv	er & Policies						
Elability Walver & Folicies							
			Leland Smith will endeavor to crea				
			ny dog/cat and will offer only sound,				
			s. However, I recognize that The R				
			ot responsible for any unintentional				
			and that the recommendation of any				
			on with that product or service. Furth				
			dog/cat at all times and I hereby ag				
			eps, Cindy C. Smith, & W. Lelan				
			or damages caused by the actions of r				
			nith, & W. Leland Smith instruc				
			ng training instructions. I have been				
Right Steps, Cindy C. Smith, & W. Leland Smith and understand the inherent risks of							
owning a dog/cat, including but not limited to the risk of dog/cat bites to myself or others.							
Initial:							
2. Payment Poli	ey:						
			Initial:				
3. Cancellation Policy:							
5. Cancenation I oney.							
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 or Cat Guardia	an	Date	Trainer & Title	Date			
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Mailing Address: The Right Steps, P.O. Box 1717, Fair Oaks, CA 95628