

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:					
Important Medical History Notes:						
May we share your training & behavior	report with your veterinarian? Yes No					
Description of Services	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 t	hat by agreeing to	a payment plan I	have committed to the full length of	the training	
			ve. I understand that I am responsible		
			e training program.	to for pulliform	
in run regurates.	or whether renot	se to complete the	rumma program.		
			Tmiti	al.	
- 7 11 ' 77		D . M	Initi		
			ne) to run the credit card above as fo	ollows:	
Payment #1	Date:	Amount: \$			
Payment #2	Date:	Amount: \$			
Payment #3	Date:	Amount: \$			
Payment #4	Date:	Amount: \$			
Payment #5	Date:	Amount: \$			
Payment #6	Date:	Amount: \$			
			Init	ial:	
	0. D. I'.'.				
Liability Waiv	er & Policies				
m n'	1.0. 0. 1	O O '11 O TAY	T 1 10 11 11 1		
			Leland Smith will endeavor to create		
environ	ment as possible f	or the training of n	ny dog/cat and will offer only sound,	safe, and	
respons	ible training and t	raining instructior	ns. However, I recognize that The R	ight Steps,	
Cindy (C. Smith, & W. I	.eland Smith is r	not responsible for any unintentional	errors,	
			tand 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		
while ur	ider The Right S	teps, Cindy C. S	mith, & W. Leland Smith instruct	tion or control	
and und	er my own care as	a result of followi	ng training instructions. I have been	told by The	
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:					
o Dormont Dolin	~~~		Illitiai	·	
2. Payment Police	cy:				
			T 11 1		
Initial:					
3. Cancellation I	Policy:				
			Initial:		
This contract is validated by the signatures below in total and as approval for future services without					
additional written authorization.					
auditional written authorization.					
			Cindy C. Smith/The Right Steps		
			/ Lead Trainer/Owner		
Dog on Cot Cuar 1:-	n	Doto	<u>'</u>	Data	
Dog or Cat Guardia	11	Date	Trainer & Title	Date	

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