

Best Friend Companion Dog Training, LLC



Silvia Golz, Certified Professional Dog Trainer  
214 E. Harrison Street, Appleton, WI. 54915  
www.lovethe dogyouhave.com  
silvia@lovethe dogyouhave.com

Dog Training Services Agreement

Owner: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Spayed/Neutered Y \_\_\_ N \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (To be used in emergency only)

E-Mail Address: \_\_\_\_\_ (for class confirmation or missed homework)

**Registering for class level:**

- Puppy/Beginner Basics - \_\_\_\_\_ (\$195.00)
- Puppy/Beginner Basics session PLUS Pre-School (one-hour private appointment) \_\_\_\_\_ (\$295.00)
- Beyond the Basics - must have completed Puppy/ Beginner or equivalent \_\_\_\_\_ (\$190.00)
- Pet Dog Excellent - must have completed - Beyond the Basics or equivalent \_\_\_\_\_ (\$190.00)
- Tricks & Giggles (4 weeks) \_\_\_\_\_ (\$155.00)
- CGC Prep \_\_\_\_\_ (\$195.00)
- Mini Course (2 Weeks) Leash Skills \_\_\_\_\_ (\$115.00) or Reliable Recall \_\_\_\_\_ (\$115.00)

Class start date: \_\_\_\_\_ Class time requested: \_\_\_\_\_

For scheduling information please visit ([www.lovethe dogyouhave.com](http://www.lovethe dogyouhave.com))

**Instructions:** Please mail completed form to the address below along with your class investment and a copy of your dog's vaccination records - Basic Puppy core vaccine protocol (Parvovirus, Distemper, etc), and Bordetella are required. All dogs over the age of 5 months, proof of rabies vaccination is also required.

Please make check **payable to: Silvia Golz**

**Mail to:**

Silvia Golz/ "Best Friend" - Companion Dog Training, LLC  
214 E. Harrison Street, Appleton, WI. 54915

This agreement between (Individual(s) Listed Above) (hereinafter referred to as "Client") and Silvia C. Golz, CPDT-KA acting as agent for Best Friend Companion Dog Training, LLC (hereinafter known as "Trainer") pertains to the following:

Dog's Name/Breed/Sex (As Listed Above)  
(Hereinafter referred to as "Dog")

**Signature required - <OVER>**

For good and valuable consideration, the parties agree as follows:

**Training Investment:**

Client agrees to pay Trainer a **nonrefundable** investment for a series of structured manners training classes.

\*\*Full refund would be available only if withdrawal prior to start date of classes. Nonrefundable policy in place once classes have commenced.

Trainer agrees to provide group style lessons for Client and Dog on a structured lesson-by-lesson basis, the goal being to teach Client to obedience train and work with Dog. These lessons will take place at the trainer's facility or at a previously determined location for PDX class. In the event the physical location is not a safe option including, but not limited to, the event of natural disaster, dangerous weather, global pandemic, extended illness of Trainer or her agents, I further understand that classes will be offered on a virtual platform in place of physical location described above. Trainer will make every reasonable effort to help Client achieve training and behavior modification goals but makes no guarantee of Dog's performance or behavior as a result of providing professional animal training and/or behavior consultation. Client understands that he/she and members of the household must follow Trainer's instructions without modification, work with the dog daily as recommended, and constantly reinforce the training being given to Dog.

Client agrees, and hereby acknowledges and assumes all risks and responsibility for any illness incurred by Client, Client family and, or, Client Dog and shall not the responsibility of Trainer or her agents. If Client or Dog causes property damage, or Dog bites or injures any dog, animal, or person (including but not limited to Trainer and her agents), during or after the term of this Agreement, then Client agrees to pay all resulting losses and damages suffered or incurred by Trainer and her agents, and to defend and indemnify Trainer and her agents from any resulting claims, demands, lawsuits, losses, costs, or expenses, including attorney fees. If Dog is injured in a fight or in any other manner during or after the terms of the Agreement, Client assumes the risk and agrees that Trainer should not be held responsible for any resulting injuries, losses, damages, costs, or expenses.

At Trainer's sole election, Trainer's duties hereunder shall terminate if (a) in Trainer's sole judgement Dog is dangerous or vicious to Trainer or any other person or animal, or interferes with the training of other dogs, or (b) Client breaches any term or condition of this Agreement. Upon termination in accordance with the foregoing, Trainer's duties shall terminate but all other provision of this agreement shall continue in full force and effect.

This Agreement is binding upon Client, spouse of Client, and children of Client. This Agreement supersedes all prior discussions, representations, warranties, and agreements of the parties, and expresses the entire agreement between Client and Trainer regarding matters described above. The parties confirm that, except for that which is specifically written in the Agreement, no promises, representations, or oral understanding have been made with regard to Dog or anything else. Without limiting the generality of the foregoing, Client acknowledges that Trainer has not represented, promised, guaranteed, or warranted that Dog will never bite, that Dog will not be dangerous or vicious in the future, that Dog will not exhibit other behavioral problems, or that the results of training will last for any amount of time. This Agreement may be amended only by a written instrument signed by both Client and Trainer. Any remedy provided in this Agreement is in addition to any and all other remedies provided by law or equity. If any provision of this Agreement is invalid, void or unenforceable, they will be severed and the remaining provisions shall be given full force and effect.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**For Instructor Use:** Fee: \_\_\_\_ DHP: \_\_\_\_ Rabies: \_\_\_\_ Bordetella: \_\_\_\_ Confirmed: \_\_\_\_

-----Keep for your records-----

Date Class Starts: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Registration Fee Sent: \_\_\_\_ Check #: \_\_\_\_\_ Instructor: Silvia Golz, CDT-KA Phone: 954-6268