

Canine Curriculum Fax: 816- 741-8266
Phone Number: 816-668-9502 or 913-568-8632



BOARD AND TRAIN CONTRACT

Dog Owner's Name _____ D o g ' s
Name _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Breed _____ Age _____ Sex _____ Spayed/
Neutered _____
Emergency Contact Name _____ Phone Number _____

I, _____, am of lawful age and owner of _____ (dog's name). My dog will be boarding and training with Canine Curriculum for a minimum of 21 days beginning on _____. The cost of the program as agreed upon is \$2,100. I agree that one half of the program cost will be paid when my dog is dropped off for such training. I further agree the remaining balance will be paid when my dog is returned home. I further agree that if I default on any such payment to Canine Curriculum and this is turned over for purposes of collection that I will be responsible for all court costs, including any special process server fees, all reasonable attorney fees and any and all other costs related to the judicial collection of this contract.

I agree that if my dog requires any medical treatment while at Canine Curriculum I am responsible for all such bills and authorize Canine Curriculum to take my dog to a veterinarian of their choice if any such problems occur. I understand that these medical problems may include, but are not limited to urinalysis, fecal exam, urgency care and treatment, surgeries, etc.

I further agree and understand that in order for the training of my dog to be successful, the following must occur:

- a) three follow up lessons included in such training;
- b) consistency in my dog's environment upon returning home;
- c) my learning how to reinforce appropriate behavior by my dog;
- d) my practicing those lessons learned with my dog as provided to me by Canine Curriculum.

I hereby acknowledge and agree that I have read this contract, understand its terms and agree to all provisions by the signing of my name below.

I am providing my credit card below and authorize its use for any unpaid balance concerning this boarding, training, and required medical treatment for my dog.

Visa/MasterCard _____ Expiration Date _____
Signature _____ Print _____
Date _____