



Animal Friendly Training
 Problem Behavior
 Solutions Dog Psychology

Please complete this form and return it to us.

Ignore any questions for species other than your pet that you are requesting services for.

We will contact you for scheduling.

Deliver all pages of the form to:

The K 9 Solution of Ohio, LLC
 3411 E. State Street
 Barberton, Ohio 44203

Phone: 330-315-3647 (DOGS)
 E-Mail: Mike@AkronDogTraining.com

Please Note: Trainer may video record the training session for purposes of internal review and/or use for marketing material. We respect your privacy; please let the trainer know if you have concerns of this as soon as he arrives to your location. Thank you.

Private Services Pet Information Form

Client: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Best number to reach you: Day Evening Cell Can Receive TXT Messages

Why did you choose K9 Solutions? _____

	Animal's Name	Age	Gender	Species/Breed/Mix	Weight	Sexual Status
A						
B						

How long have you owned the Animal(s)? Pet A: _____ Pet B: _____

Which Vet/Clinic do you use? _____

Any medical conditions, any prescriptions, or is you pet on a restricted diet? If so, please elaborate.

A: Yes No Description: _____

B: Yes No Description: _____

Last Vet/Clinic Visit: A: _____ Reason: _____

B: _____ Reason: _____

May we consult with your Vet? Yes No Does pet have Identification Chip? Pet A: Yes No

Pet B: Yes No

Does your vet ever muzzle your dog for routine procedures? Pet A: Yes No Pet B: Yes No

What Type of collar does your dog normally wear?

Pet A: Buckle Choke/Slip Prong/Pinch Other: _____

Pet B: Buckle Choke/Slip Prong/Pinch Other: _____

Why did you get your dog? Please check all that apply.

- For Companionship For Child/Children For Spouse For Watchdog
 For Protection For Breeding A Gift To Perform Service Task
 For Therapy Working Dog For Competition/Show Other

If Other, please explain: _____

Why did you select this Breed/Type of Dog? Pet A: _____

Pet B: _____

Please list dogs you had in the past, listing from most recent. Please include when you had them, their age, breed and why you no longer have them.

Has any professional medical treatment been needed, for either people or pets, as a result of animal aggression? If yes, please explain circumstances and extent of injuries and/or treatment.

Yes No Details: _____

Have legal authorities ever been contacted as a result of aggression? Yes No

Has your pet ever...

	Pet A	Pet B
... threatened (growl, snarl, hiss, snap, bite, kick) any person or companion animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
... injured any person or companion animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
... delivered multiple bites, kicks, scratches during one incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
... delivered one or more deep puncture wounds or bites with tearing motion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or anyone else tried to correct the aggression? Yes No

Have you considered re-homing your animal? Yes No

Have you considered euthanasia? Yes No

Do any caregivers (vet, groomer, etc.) sedate or restrain your animal for routine care? Yes No

If "Yes" on any of the 8 questions above, please give as much details as possible below. If needed, please use additional paper.

Do your pet(s) know any commands and/or tricks?

Pet A: Yes No Details: _____

Pet B: Yes No Details: _____

Please check all the methods you have used to train your animals:

Food Rewards Non-Food Rewards Corrections Other _____

Did you ever use any training aids such as a slip, chose, prong or pinch collar, head halter, stud bit, clicker?

Yes No Which? _____

	Pet A	Pet B
Is your dog/cat reliable house-training or litter box trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your inside animal ever confined when you are home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to the above question, please explain where and why: _____

Where do your pet(s) stay when you are away at work? _____

Where do your pet(s) sleep? _____

Time spent alone each day: _____ Time spend outside each day: _____

What check the following to describe your pet's outside area:

Fenced Invisible Fence Chain/Cable Run
 Outside Kennel Patio Field Approximate Yard Size: _____

How much time do you spend playing/training/interacting with your pet(s) each day? _____

	Pet A	Pet B
Do you take your pet(s) on outings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" above, is it because of their behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How often/long on average are the outings, and please list any problems during the outings due to behavior:

What type of collar/harness do you use during walks? _____

What type of leash/lead do you use during walks? _____

What are your pets' favorite toys/games? _____

What brand/type of food do you feed your pets?

Pet A: _____ Pet B: _____

Why did you choose the above products? _____

How often do your pet(s) eat each day, and how much during each feeding? _____

	Pet A	Pet B
Does your pet tend to seek out warm spots inside (near refrigerator, near vents, in sunny spots?)	[] Yes [] No	[] Yes [] No
Has your pet gained weight in the past three months?	[] Yes [] No	[] Yes [] No
Has your pet's coat changed in the past three months?	[] Yes [] No	[] Yes [] No

Please list the species/names/genders/ages of other animals and/or people in the household:

Please list your specific expectations and goals:

What days / start times are best for you? Mark/shade that apply:

(Greyed out blocks represent start times that are not available)

	10am		11am		12pm		1pm		2pm		3pm		4pm		5pm		6pm		7pm		
	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	:00	:30	
Mondays																					
Tuesdays																					
Wednesdays																					
Thursdays																					
Fridays																					
Saturdays																					
Sundays																					

Any Additional Notes/Requests on scheduling time:

Service Selection and Rates

Please note that until Services are confirmed, prices, services, plans and terms may be subject to change.

Please choose your initial service type:

- Full Session PLUS Follow-up** - \$300.00 for Two (2) hours during One (1) In-Home Session and Follow-up
Two full hours of private instruction at your location during a single visit, then a single follow up visit at your location at a time determined at the end of your initial session. **BEST VALUE!**
- Full Session** - \$200.00 for Two (2) hours during One (1) In-Home Session
Two full hours of private instruction at your location during a single visit.
- Half Session** - \$100.00 for One (1) hour during One (1) In-Home Session
One full hour of private instruction at your location during a single visit.
- K-9 Remote Support** via E-Mail/Telephone Consultation
10 minutes a month is free for anyone (clients and non-clients)
After 10 minutes, billed at \$25.00 per 30 minutes rounded up (ex. 20 minutes will be billed for 30 minutes)

Travel / Geographical Area Fees:

Many clients live in the Greater Akron / Summit County area and within 16 miles of the US-224 and I-77

Clients that are within 16 miles (driving distance) of the US-224 and I-77 interchange are of travel fees.

Clients that are farther than 16 miles (driving distance) of the US-224 and I-77 interchange will be billed at the rate of **\$0.75** per mile, both directions rounded up. (example: If it is 28.25 miles to drive to your location, you will be billed \$18.75 travel fees (28.25 - 16 = **12.25** x 2 for both directions = **24.5**, rounds up to **25 miles** * 0.75 = **\$18.75**)

K9 Solutions will drive **up to 160 miles** to reach your location at the above rate. If you live farther than 160 miles from the US-224 and I-77 interchange in Akron, Ohio, please contact me for a long-distance travel fee quote. I will travel anywhere in the USA for a fee.

TERMS AND CONDITIONS

This agreement is between The K-9 Solution of Ohio, LLC (including all agents, representatives, or associates parties), hereafter listed as **K9 SOLUTIONS** or **RELEASEE**, and the client named above on Page 1 of this Agreement as "Client / RELEASOR", hereafter listed as **CLIENT** or **RELEASOR**. The terms and conditions of this agreement may not be change orally. Any deviation from this agreement does not alter the remaining portions. This agreement is non-transferable.

The "Half Session" included with the K-9 Training Program shall be scheduled and completed within sixty (60) days of the "Full Session". All unused "Half Sessions" are forfeited at the end of the sixty (60) day period. **No refunds are given for unused "Half Sessions"**.

CLIENTS that contact K9 SOLUTIONS to reschedule appointments within 24 hours of a scheduled appointment will be charged a rescheduling fee of \$25.00.

K9 SOLUTIONS agrees to instruct the CLIENT in K9 SOLUTIONS' philosophies and preferred method of training for the amount of time allocated to the session. CLIENT agrees that K9 SOLUTIONS is in no way responsible for the behavior of the

animal during, or following, all sessions. K9 SOLUTIONS **does not guarantee specific results, but does guarantee to provide the services as described in this contract.**

CLIENT agrees to control normal household distractions such as television, telephone interruptions, and children or foot traffic, or to provide a quiet distraction-free area for the sessions as per K9 SOLUTIONS representative's requests.

If at any time during the Course Period the K9 SOLUTIONS representative feels the animal is ill, abused, or exhibiting any behaviors that interfere with teaching methods or endanger the health and safety of any participants or bystanders, including the animal, or K9 SOLUTIONS representative feels Client has motives, goals, or demands that are not in concert with K9 SOLUTIONS Code of Ethical Conduct, our representative may abort the session, alter the service selection, and/or alter the length of the Course Period at the expense of CLIENT.

By signing below, I understand that every animal reacts in a different manner to training and that animals are by nature unpredictable. Therefore training requires full attention and total awareness at all times. Animals may, without warning cause injury to humans and/or other animals and I, the undersigned as RELEASOR, in consideration of K9 SOLUTIONS as RELEASEE, release and indemnify RELEASEE's owners, heirs, executors, administrators, successors, employees, agents, directors, officers, and anyone acting in the scope of business as a representative of K9 SOLUTIONS as to attacks, bites, kicks, scrapes, scratches, mauling, or all of them, by animals to any persons or animals including my own, before, during and after any sessions with K9 SOLUTIONS personnel.

This contract may not be changed orally.

Signed:

Client, RELEASOR

Date

FOR THOSE SUBMITTING ELECTRONICALLY VIA E-MAIL OR VIA FAX WITHOUT PRINTING:

You may indicate your agreement to this contract to get started with scheduling your services by entering "I AGREE" in the area below. Please note that the original SIGNED copy of all pages of this Agreement/Contract needs to be presented to K9 SOLUTIONS before actual services are started.