

# HAPPY TAILS K9 TRAINING, LLC

## Training Services Agreement

Training humans, helping dogs.



### CLIENT & PROGRAM DETAILS

Client Name

Dog Name

☐ Initial Evaluation

☐ Private Lessons

☐ Behavior Modification

☐ Day Training

### SCHEDULING, PAYMENT & CANCELLATION

Training dates, fees, payment timing, cancellation requirements, and any refund or rescheduling terms will be communicated to the client for the selected service. The client agrees to pay agreed charges when due and to provide reasonable notice when a session must be changed.

### CLIENT RESPONSIBILITIES

- Attend scheduled sessions on time and practice assigned homework or management exercises.
- Provide accurate information and promptly report changes in the dog's behavior, health, medications, household, or environment that may affect training.
- Use recommended management and safety tools as instructed.
- Maintain any vaccinations or veterinary care required for the selected service.

### TRAINER RESPONSIBILITIES

- Provide professional instruction and reasonable safety guidance.
- Develop an individualized training or management plan based on information available at the time.
- Educate the client about behavior, management, handling, and risk reduction.
- Communicate when veterinary or other professional evaluation may be appropriate.

### NO GUARANTEES

The client understands that behavior is affected by genetics, learning history, environment, health, stress, consistency, owner participation, and other factors. Happy Tails K9 Training, LLC does not guarantee a specific behavioral outcome or that aggression or reactivity will be permanently eliminated.

Client Signature (type full legal name)

Date

☐ I agree that my typed name above constitutes my electronic signature.

# HAPPY TAILS K9 TRAINING, LLC

## Behavior & Safety Disclosure

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Please answer completely. Accurate disclosure helps us plan safer training and assess risk.

**Dog Name**

**Age**

**Breed**

Has your dog ever growled, snapped at, lunged at, or bitten a person?

☐ Yes

☐ No

Has your dog ever growled, snapped at, lunged at, or bitten another animal?

☐ Yes

☐ No

Does your dog guard food, toys, resting places, people, or other resources?

☐ Yes

☐ No

Has your dog escaped, broken equipment, or attempted to flee during a reactive/aggressive event?

☐ Yes

☐ No

Has your dog previously worn a basket muzzle or other muzzle?

☐ Yes

☐ No

Is your dog being treated for pain, illness, anxiety, or another medical/behavioral condition?

☐ Yes

☐ No

### Known Triggers or High-Risk Situations

### Current Management / Safety Equipment

### Medications, Health Conditions, or Veterinary Concerns

**Client Signature (type full legal name)**

**Date**

☐ I agree that my typed name above constitutes my electronic signature.

# HAPPY TAILS K9 TRAINING, LLC

## Bite History Disclosure - Incident 1

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**Dog Name**

**Incident Date**

### PERSON / ANIMAL INVOLVED

- |                                   |                                    |                                        |
|-----------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Adult    | <input type="checkbox"/> Child     | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Other Dog | <input type="checkbox"/> Other Animal  |

### BITE / CONTACT SEVERITY

- |                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> No Contact         | <input type="checkbox"/> Teeth Touched Skin |
| <input type="checkbox"/> Red Mark / Bruise  | <input type="checkbox"/> Single Puncture    |
| <input type="checkbox"/> Multiple Punctures | <input type="checkbox"/> Severe Injury      |

**Describe What Happened Before, During, and After the Incident**

**Was medical or veterinary treatment required?**

- ☐ Yes ☐ No

**Was the incident reported?**

- ☐ Yes ☐ No

**Treatment / Report Details (if applicable)**

**Client Initials**

**Date**

# HAPPY TAILS K9 TRAINING, LLC

## Bite History Disclosure - Additional Incidents

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Use this page for another known bite or serious aggressive incident. Attach additional pages if necessary. The client is responsible for disclosing all known incidents.

**Incident Date**

**Person / Animal Involved**

### SEVERITY

☐ No Contact

☐ Teeth Touched Skin

☐ Red Mark / Bruise

☐ Single Puncture

☐ Multiple Punctures

☐ Severe Injury

**Describe the Incident**

**Known Context / Triggers / Warning Signs**

**What Management Changes Were Made Afterward?**

I certify that I have disclosed all known bite history and serious aggressive incidents to the best of my knowledge. I understand that withholding material behavioral information may increase risk to people and animals.

**Client Signature (type full legal name)**

**Date**

☐ I agree that my typed name above constitutes my electronic signature.

# HAPPY TAILS K9 TRAINING, LLC

## Veterinary Information Release

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Medical conditions, pain, medications, sensory changes, and other health factors can influence behavior. This authorization allows relevant communication when it may affect training, behavior, safety, or handling.

Owner Name

Dog Name

Veterinarian

Veterinary Clinic

Clinic Phone

Clinic Email

### AUTHORIZATION

I authorize Happy Tails K9 Training, LLC to communicate with my veterinarian regarding medical conditions, medications, pain, mobility, sensory issues, or other health information that may reasonably affect my dog's training, behavior, safety, or handling.

I authorize my veterinarian to release relevant medical information pertaining to these training and behavioral concerns. This authorization is intended to support safe and informed training decisions and does not authorize unrelated disclosure.

Owner Signature (type full legal name)

Date

☐ I agree that my typed name above constitutes my electronic signature.

# HAPPY TAILS K9 TRAINING, LLC

## Emergency Contact Information

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Owner Name

Primary Phone

Secondary Phone

Emergency Contact Name

Relationship

Emergency Contact Phone

Alternative Contact

Alternative Contact Phone

### EMERGENCY VETERINARY HOSPITAL

Hospital Name

Phone

Address

Additional Emergency Information

# HAPPY TAILS K9 TRAINING, LLC

## Medical Authorization & Final Acknowledgment

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### EMERGENCY VETERINARY AUTHORIZATION

If my dog becomes ill or injured while participating in services provided by Happy Tails K9 Training, LLC and I cannot be reached after reasonable efforts, I authorize Happy Tails K9 Training, LLC to seek reasonable veterinary evaluation and treatment when immediate care appears necessary for my dog's health or safety.

I understand that I am financially responsible for veterinary examination, treatment, transportation, medication, and related expenses incurred on behalf of my dog unless otherwise required by law.

### SAFETY MANAGEMENT ACKNOWLEDGMENT

- I understand that management is an important part of living safely with a dog that has shown aggression or reactivity.
- I agree not to intentionally place my dog in situations that exceed the dog's current ability to cope safely merely to test training progress.
- I understand that recommendations such as a muzzle, leash, barrier, crate, gate, distance, or veterinary consultation may remain appropriate even when behavior improves.
- I understand that Happy Tails K9 Training, LLC may recommend referral to a veterinarian, veterinary behaviorist, or other qualified professional when a case appears to require services outside the trainer's scope.

### FINAL CERTIFICATION

I certify that the information provided in this packet is complete and accurate to the best of my knowledge. I understand the risks associated with aggression and reactivity training, have had an opportunity to ask questions, and voluntarily authorize the selected training services subject to the agreements in this packet.

Owner Name

Date

Owner Signature (type full legal name)

☐ I agree that my typed name above constitutes my electronic signature.