HAPPY TAILS K9 TRAINING, LLC

TRAINING SERVICES AGREEMENT

Client Name: _____ Dog Name: _____

TRAINING PROGRAM

☐ Initial Evaluation ☐ Private Lessons ☐ Behavior Modification ☐ Day Training

Training Fees: _____ Program/Package: _____

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: _____ Date: _____

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

HAPPY TAILS K9 TRAINING, LLC

BEHAVIOR & SAFETY DISCLOSURE

Please answer completely. Accurate disclosure helps Happy Tails K9 Training, LLC evaluate risk, plan safer training, and determine whether additional management or professional consultation is appropriate.

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 currently 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: _____ Date: _____

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

HAPPY TAILS K9 TRAINING, LLC

BITE HISTORY DISCLOSURE - INCIDENT 1

Dog Name: _____ Incident Date: _____

PERSON / ANIMAL INVOLVED

- ☐ Adult
- ☐ Child
- ☐ Family Member
- ☐ Stranger
- ☐ Other Dog
- ☐ Other Animal

BITE / CONTACT SEVERITY

- ☐ No Contact
- ☐ Teeth Touched Skin
- ☐ Red Mark / Bruise
- ☐ Single Puncture
- ☐ Multiple Punctures
- ☐ Severe Injury

DESCRIBE WHAT HAPPENED BEFORE, DURING, AND AFTER THE INCIDENT

Was medical or veterinary treatment required? ☐ Yes ☐ No Reported? ☐ Yes ☐ No

TREATMENT / REPORT DETAILS (IF APPLICABLE)

Client Initials: _____ Date: _____

HAPPY TAILS K9 TRAINING, LLC

BITE HISTORY DISCLOSURE - ADDITIONAL INCIDENTS

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: _____ Date: _____

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

HAPPY TAILS K9 TRAINING, LLC

VETERINARY INFORMATION RELEASE

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: _____ Date: _____

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

HAPPY TAILS K9 TRAINING, LLC

EMERGENCY CONTACT INFORMATION

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

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: _____

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

Important: This packet is a business form template and is not legal advice. Because it addresses known aggression, bite history, risk allocation, and veterinary authorization, Happy Tails K9 Training, LLC should have the final form reviewed by a Michigan attorney and its liability insurer before relying on it.