

Initial: <u>lw</u>
6. Cancellation Policy:
Initial: <u>lw</u>

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

<u>Cathy</u>	<u>10/29/19</u>	<u>Janis Bishop</u>	<u>10/22/19</u>
Dog Guardian	Date	Trainer & Title	Date

☐ **Yes!** I would love to receive training tips and service updates via your newsletter.

Training Appointments

Session 1:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 2:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 3:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 4:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 5:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 6:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 7:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 8:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 9:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 10:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 11:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 12:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 13:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 14:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 15:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 16:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 17:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 18:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 19:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Session 20:	<input type="checkbox"/> Dog <input type="checkbox"/> Transfer*	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> <input type="checkbox"/> Su	Time: <input type="checkbox"/> am <input type="checkbox"/> pm

estilos de vida y hábitos

1998-1999, 2000-2001, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, 2024-2025, 2025-2026, 2026-2027, 2027-2028, 2028-2029, 2029-2030, 2030-2031, 2031-2032, 2032-2033, 2033-2034, 2034-2035, 2035-2036, 2036-2037, 2037-2038, 2038-2039, 2039-2040, 2040-2041, 2041-2042, 2042-2043, 2043-2044, 2044-2045, 2045-2046, 2046-2047, 2047-2048, 2048-2049, 2049-2050, 2050-2051, 2051-2052, 2052-2053, 2053-2054, 2054-2055, 2055-2056, 2056-2057, 2057-2058, 2058-2059, 2059-2060, 2060-2061, 2061-2062, 2062-2063, 2063-2064, 2064-2065, 2065-2066, 2066-2067, 2067-2068, 2068-2069, 2069-2070, 2070-2071, 2071-2072, 2072-2073, 2073-2074, 2074-2075, 2075-2076, 2076-2077, 2077-2078, 2078-2079, 2079-2080, 2080-2081, 2081-2082, 2082-2083, 2083-2084, 2084-2085, 2085-2086, 2086-2087, 2087-2088, 2088-2089, 2089-2090, 2090-2091, 2091-2092, 2092-2093, 2093-2094, 2094-2095, 2095-2096, 2096-2097, 2097-2098, 2098-2099, 2099-2100, 2100-2101, 2101-2102, 2102-2103, 2103-2104, 2104-2105, 2105-2106, 2106-2107, 2107-2108, 2108-2109, 2109-2110, 2110-2111, 2111-2112, 2112-2113, 2113-2114, 2114-2115, 2115-2116, 2116-2117, 2117-2118, 2118-2119, 2119-2120, 2120-2121, 2121-2122, 2122-2123, 2123-2124, 2124-2125, 2125-2126, 2126-2127, 2127-2128, 2128-2129, 2129-2130, 2130-2131, 2131-2132, 2132-2133, 2133-2134, 2134-2135, 2135-2136, 2136-2137, 2137-2138, 2138-2139, 2139-2140, 2140-2141, 2141-2142, 2142-2143, 2143-2144, 2144-2145, 2145-2146, 2146-2147, 2147-2148, 2148-2149, 2149-2150, 2150-2151, 2151-2152, 2152-2153, 2153-2154, 2154-2155, 2155-2156, 2156-2157, 2157-2158, 2158-2159, 2159-2160, 2160-2161, 2161-2162, 2162-2163, 2163-2164, 2164-2165, 2165-2166, 2166-2167, 2167-2168, 2168-2169, 2169-2170, 2170-2171, 2171-2172, 2172-2173, 2173-2174, 2174-2175, 2175-2176, 2176-2177, 2177-2178, 2178-2179, 2179-2180, 2180-2181, 2181-2182, 2182-2183, 2183-2184, 2184-2185, 2185-2186, 2186-2187, 2187-2188, 2188-2189, 2189-2190, 2190-2191, 2191-2192, 2192-2193, 2193-2194, 2194-2195, 2195-2196, 2196-2197, 2197-2198, 2198-2199, 2199-2200, 2200-2201, 2201-2202, 2202-2203, 2203-2204, 2204-2205, 2205-2206, 2206-2207, 2207-2208, 2208-2209, 2209-2210, 2210-2211, 2211-2212, 2212-2213, 2213-2214, 2214-2215, 2215-2216, 2216-2217, 2217-2218, 2218-2219, 2219-2220, 2220-2221, 2221-2222, 2222-2223, 2223-2224, 2224-2225, 2225-2226, 2226-2227, 2227-2228, 2228-2229, 2229-2230, 2230-2231, 2231-2232, 2232-2233, 2233-2234, 2234-2235, 2235-2236, 2236-2237, 2237-2238, 2238-2239, 2239-2240, 2240-2241, 2241-2242, 2242-2243, 2243-2244, 2244-2245, 2245-2246, 2246-2247, 2247-2248, 2248-2249, 2249-2250, 2250-2251, 2251-2252, 2252-2253, 2253-2254, 2254-2255, 2255-2256, 2256-2257, 2257-2258, 2258-2259, 2259-2260, 2260-2261, 2261-2262, 2262-2263, 2263-2264, 2264-2265, 2265-2266, 2266-2267, 2267-2268, 2268-2269, 2269-2270, 2270-2271, 2271-2272, 2272-2273, 2273-2274, 2274-2275, 2275-2276, 2276-2277, 2277-2278, 2278-2279, 2279-2280, 2280-2281, 2281-2282, 2282-2283, 2283-2284, 2284-2285, 2285-2286, 2286-2287, 2287-2288, 2288-2289, 2289-2290, 2290-2291, 2291-2292, 2292-2293, 2293-2294, 2294-2295, 2295-2296, 2296-2297, 2297-2298, 2298-2299, 2299-2300, 2300-2301, 2301-2302, 2302-2303, 2303-2304, 2304-2305, 2305-2306, 2306-2307, 2307-2308, 2308-2309, 2309-2310, 2310-2311, 2311-2312, 2312-2313, 2313-2314, 2314-2315, 2315-2316, 2316-2317, 2317-2318, 2318-2319, 2319-2320, 2320-2321, 2321-2322, 2322-2323, 2323-2324, 2324-2325, 2325-2326, 2326-2327, 2327-2328, 2328-2329, 2329-2330, 2330-2331, 2331-2332, 2332-2333, 2333-2334, 2334-2335, 2335-2336, 2336-2337, 2337-2338, 2338-2339, 2339-2340, 2340-2341, 2341-2342, 2342-2343, 2343-2344, 2344-2345, 2345-2346, 2346-2347, 2347-2348, 2348-2349, 2349-2350, 2350-2351, 2351-2352, 2352-2353, 2353-2354, 2354-2355, 2355-2356, 2356-2357, 2357-2358, 2358-2359, 2359-2360, 2360-2361, 2361-2362, 2362-2363, 2363-2364, 2364-2365, 2365-2366, 2366-2367, 2367-2368, 2368-2369, 2369-2370, 2370-2371, 23

Name on Card:	Signature:
Number:	
Expiration Date:	3 digit code on back of card:
Billing address if different than address above:	
<input type="checkbox"/> Paid in Full Paid \$ on Date:	
<input type="checkbox"/> Payment Plan:	
1. I understand that by agreeing to a payment plan I have committed to the full length of the training program as stated in the Description of Services above. I understand that I am responsible for payment in full regardless of whether I choose to complete the training program.	
Initial: 	
2. I authorize Janis Bishop to run the credit card above as follows:	
Payment #1	Date: Amount: \$
Payment #2	Date: Amount: \$
Payment #3	Date: Amount: \$
Payment #4	Date: Amount: \$
Payment #5	Date: Amount: \$
Payment #6	Date: Amount: \$
Initial: 	

Liability Waiver & Policies

1. Janis Bishop will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and training instructions. However, to the extent that Janis Bishop is insured for any unintentional or negligent errors, omissions, or incorrect assertions, Janis Bishop will be responsible for any such acts or omissions, but only to the extent of such insurance. I have been told by Janis Bishop and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others, and consequently I am and will remain responsible for the actions of my dog at all times, and I hereby agree to indemnify and hold harmless Janis Bishop of any and all claims of injury, expense, costs, or damages caused by my dog. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.	Initial: CW
2. I authorize Janis Bishop to enter my home during agreed upon days and hours for the purpose of training my dog.	Initial: CW
3. I authorize Janis Bishop to take my dog off my property during the agreed upon days and hours for the purpose of training my dog.	Initial: CW
4. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by Janis Bishop in the event the my regular veterinarian is not available or that closer care is required. I will reimburse Janis Bishop for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.	
<input checked="" type="checkbox"/> I authorize Janis Bishop to administer or seek 1 st aid and resuscitative care for my dog(s) as determined appropriate by Janis Bishop and I agree to indemnify and hold harmless Janis Bishop for all and any results thereof.	
<input type="checkbox"/> I DO NOT authorize Janis Bishop to administer or seek 1 st aid and resuscitative care for my dog(s) as determined appropriate by Janis Bishop and I agree to indemnify and hold harmless Janis Bishop for all and any results thereof.	Initial: CW
5. Payment Policy:	

Private Day Training Service Contract

PAID CK#NO.: 1264
 AMOUNT: \$630
 DATE: 10/22/19

Client & Dog Information

Guardian's Name: Cathy Ward	Referred By: Janis
Home Phone: 510/5950-0911	Work Phone: -
Cell Phone: 510/725-7399	Email: cathy@spyrock.net
Address: 6331 Acacia Ave Oakland, CA 94618	
Dog's Name/ ID: Cooper	Breed/Age/Sex: Aussie mix/2/M
Dog's Name/ID:	Breed/Age/Sex:

Emergency & Health Information

Emergency Contact: Rich Salasiz	Phones: 510-919-7120
Vet Office/ Vet's Name: Claremont Vet Hosp.	Phone: 510-652-5835
Current Medications: -	Reason(s) for Meds: -
Important Medical History Notes: Tongue Wart Contagious	
May we share your training & behavior report with your veterinarian? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Home Information

Other Professionals, Service Providers, or Visitors Expected During Training Hours:	
Others Who Hold Keys to the Home: Cleaners / Neighbors	
Days Okay For Training Visits: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	TBD
Times Okay For Training Visits: Between <input type="checkbox"/> am <input type="checkbox"/> pm AND <input type="checkbox"/> am <input type="checkbox"/> pm	11

Description of Services

Description of Services: Day training. Training Cooper at client's site and out in public 2 times a week. One time a week session will be a transfer session with owners.	
Rate: \$70.hr x 9	Total Due: \$630.00

Payment Information and Agreement

Form of Payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
--