

## **Cooperative K9's**

Pet parents name	Pet's name	
	Contact number	
Pet neutered/spayed	Pet age	e
Up to date on vaccines	Dates_	
Breed	Allergies	Medical issues
Please describe any behavior issues such as aggression, fear, dog aggression, reactivity, leash		
aggression, resource guarding, etc. List behaviors		
What do you wish to work on? _		
5 week group 10 week gr	oupComple	ete package 16 weeks and private
1 Hour Private4 H	our Private lessons_	6 Hour Private lessons
Customizable walk and train		_3x3 private group
1 year group membership		
1 year exclusive membership		
Custom package		·
Workshop		
Start date Day	of week for class	Class time
Any special scheduling (every other week, etc.)		
What to bring to class		
1. Collar or harness (Correction based. Must be discussed with trainer prior to class.)		
2. 6 ft leash (No retractable leashes allowed. You will be sent home.)		
3. Training treats.		
4. Vaccine records.		
LIABILITY WAIVER All sales and refunds are at the discretion of the trainer (Cooperative K9'S)		
The trainer (Cooperative K9's) reserves the right The pet owner assumes full responsibility and lia supplies to class, and to handle/control their dog directions giving by the trainer. Failure to do so, refund. The training area is a shared space with t responsible for anything your dog could catch from Any refunds require a proof of purchase including	to refuse any or all business. bility for their pet. It is the own . All pet parents, including pare or failure to inform trainer of bhe rescue so being current on som being in a common area suc g a copy of the contract.	ners responsibility to clean up after their pet, bring all requested ents of dogs with behavioral issues, are subject to all rules and ehavior issues, may result in termination of the contract without shots is the owners responsibility, Cooperative K9'S is not ch as the arena or store front.  Ince will count as a class unless excused by the trainer.
Pet parent signature		Date
Minors who may handle the dog		