

Hands Full Dog Training, LLC

✉ P.O. Box 781080
Wichita, KS 67278

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🌐 handsfulldogtraining.com



Hands Full Dog Training, LLC Latchkey Training Contract

Client & Dog Information

Client's Name: _____ Dog's Name: _____

Emergency & Health Information

Emergency Contact: _____ Phone: _____

Important Medical History: _____

Home Information

Other Professionals, Service Providers, or Visitors Expected During Training Hours:

Others Who Hold Keys to the Home: _____

Days Okay For Training Visits: M Tu W Th F Sat Sun

Times Okay For Training Visits: _____

Notes (no sensitive info): _____

Liability Waiver & Policies

1. **Hands Full Dog Training, LLC** will endeavor to create as safe an environment as possible for the training and care of my dog and will offer only sound, safe, and responsible training, and post-training instructions. However, I recognize that **Hands Full Dog Training, LLC** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **Hands Full Dog Training, LLC** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **Hands Full Dog Training, LLC** care and under my own care as a result of following training instructions. I have been told by **Hands Full Dog Training, LLC** and understand the inherent risks in owning a dog, including but not limited to the risk of dog bites to myself or others.

Initial:

2. I authorize **Hands Full Dog Training, LLC** to enter my home during agreed upon days and hours for the purpose of training my dog.

Initial:

3. I authorize **Hands Full Dog Training, LLC** to take my dog off my property during the agreed upon days and hours for the purpose of training my dog.

Initial:

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 **Hands Full Dog Training, LLC** in the event the my regular veterinarian is not available and urgent care is required. I will reimburse **Hands Full Dog Training, LLC** for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.

I authorize **Hands Full Dog Training, LLC** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **Hands Full Dog Training, LLC** and I agree to indemnify and hold harmless **Hands Full Dog Training, LLC** for all and any results thereof.

Initial:

I DO NOT authorize **Hands Full Dog Training, LLC** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **Hands Full Dog Training, LLC** and I agree to indemnify and hold harmless **Hands Full Dog Training, LLC** for all and any results thereof.

Initial:

5. **Cancellation & Refund Policy:** Any appointments canceled by the Client with fewer than 48 hours notice will count towards the total number of sessions. No refunds will be offered if the client chooses to discontinue the program. Unused package sessions will expire 6 months after the date of this contract.

Initial:

6. **Latchkey Policies:**

I have received a copy of the Hands Full Dog Training Latchkey Policies and agree to all terms:

Initial:

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

| | | | |
|---------------|-------------|----------------|-------------|
| Client | Date | Trainer | Date |
|---------------|-------------|----------------|-------------|

