

# Hands Full Dog Training, LLC



P.O. Box 781080  
Wichita, KS 67278



316.712.6450



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: \_\_\_\_\_

Dog's Vet Clinic: \_\_\_\_\_

### 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 veterinarian named above, 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.

Initial:

