

# GOLDSBY RETRIEVERS & OBEDIENCE

DANIEL GOLDSBY, OWNER & TRAINER

P.O. BOX 1441 AMITE LA 70422

985.747.8586

## TRAINING CONTRACT

- 1) The cost of training my dog will be \$\_\_\_\_\_ per month. A minimum of 30 days payment is required before the dog is dropped off.
- 2) Daniel Goldsby takes all reasonable steps to provide a safe environment for all dogs in his care. I acknowledge that all dogs are boarded and/or otherwise handled or cared for by Daniel Goldsby. I agree to hold he and his representatives without liability for any unavoidable causes for which due diligence and care have been exercised, including but not limited to: loss or damage from disease, running away, theft, fire, injury to persons, other pets, or property by said pet, or other unavoidable causes, that have been exercised.
- 3) I hereby indemnify and hold harmless Daniel Goldsby, all officers, directors, instructors, trainers, employees, independent contractors, and insurers from any liability claims, demands, causes of action, anticipated or unanticipated, arising out of any loss. I understand that I will be leaving my dog for training and that Daniel Goldsby, the trainer, is not responsible for injury, sickness, death, or loss of the dog.
- 4) I understand that the dogs are not supervised 24 hours a day. I assume all risk of property damage during training.
- 5) Any controversy or claim arising out of or related to this contract shall be settled in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by any arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the opposing party of the costs of such arbitration and reasonable attorneys' fees of the prevailing party.
- 6) **The following is required before leaving my dog for training with Goldsby Retrievers & Obedience:**
  - a. **Proof of Shots – distemper, hepatitis, parainfluenza, canine, parvovirus, coronavirus, and bordetella (kennel cough).**
  - b. **Heartworm Preventative and Flea/Tick Preventative**
- 7) I certify that my dog is in good health and has not been ill or been exposed to any communicable conditions or diseases within the past 30 days, including Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus, and Bordetella (kennel cough). I further certify that my dog has not harmed or demonstrated aggressive or threatening behavior toward any human and/or like animal.
- 8) If the dog is found to have fleas or ticks when delivered for training, the dog will be bathed and treated at the owner's expense.
- 9) If the dog is in need of medical attention, the emergency contact shall be notified. Daniel Goldsby has the right to bring my dog to his veterinarian if he thinks it is necessary. If my dog is brought to the veterinarian during training for medical attention, I agree to pay a \$50.00 fee plus the cost of the veterinary visit and any needed medication(s) if so prescribed if my dog needs medical treatment.
- 10) If applicable, my dog will be administered medication prescribed by my veterinarian if such medication is provided to Daniel Goldsby.
- 11) I understand the recommendation of any product or service is not a guarantee of my satisfaction with that product or service.
- 12) Upon acceptance of these provisions, I hereby enroll my dog at Goldsby Retriever & Obedience training. I agree to pay all fees as stated above.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ACCEPT THE ABOVE STATED PROVISIONS.**

\_\_\_\_\_  
OWNER OF DOG

\_\_\_\_\_  
DATE

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## POLICIES AND PROCEDURES

1. All clients are required to complete a New Client Information Sheet and sign a Training Contract.
2. Training is done five (5) days per week, making exceptions for extreme conditions. Weekday evening visits or Saturday morning visits are by appointment only. No business of any kind is conducted on Sunday (including phone calls). This time is set aside for family. Please respect this request.
3. All visits, drop-offs, and pick-ups are by appointment only and at mutually convenient times as available. Due to the nature of the business, normal business hours are not kept. Unannounced or drop by visits of any kind are prohibited. Daniel Goldsby keeps very tight daily training schedules and appointments. Unannounced visits will disrupt these scheduled activities and personal schedules as well.
4. Visits early in training and during force fetch are discouraged, as this can disrupt the dog's adjustment and progress. After the initial month or so, owners are encouraged to visit by appointment to view their dog train and learn about the training process.
5. Feel free to check on your dog's performance and progress at the Client Community located on our website at <http://www.goldsbyretrievers.com/clients>. Access to the Client Community is based off of username/password combination that you choose when registering at the site. Once you have registered your access must be approved by the site administrator. This ensures that only current clients have access to the Client Community. After approval of your registered account you will be notified by email that your account is active. Access to your dog's information is password protected with your home phone number listed on the client contract. If a home phone number was not provided the cell phone number will be the substitute.

For those clients without access to a computer feel free to check on your dog's performance and progress on a monthly basis via telephone. Month-to-month allows for a better progress report than week-to-week. Calls on a weekly basis infringe upon vital training time.

6. I acknowledge that all dogs learn at different rates, depending on the dog's working attitude, desire, maturity, etc. If I leave my dog for less time than advised by the trainer, I do not expect a fully trained dog. Training may take more or less time dependent upon what I, the owner, expect to get done and how diligent I am with the follow-up training once the dog leaves Goldsby Retrievers & Obedience.
7. **Towards the end of the dog's training, I expect and agree to spend time with the trainer and my dog in order for me to learn the techniques that the trainer and my dog have used as well as to facilitate a smoother transition once the dog leaves Goldsby Retrievers & Obedience. This ensures that I will have the skills to follow through on training. I am responsible to follow-up with training to maintain the level of training established by Daniel Goldsby.**

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OWNER OF DOG

\_\_\_\_\_  
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## CLIENT WORKSHEET

### CLIENT INFORMATION:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
FIRST LAST CITY STATE ZIP CODE

PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
CELL HOME WORK

EMAIL ADDRESS: \_\_\_\_\_ ANTICIPATED START DATE: \_\_\_\_\_  
MM/DD/YYYY

### DOG INFORMATION:

CALL NAME: \_\_\_\_\_ REGISTERED NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
YRS MOS

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ SEX:  MALE  FEMALE  
(IF FEMALE LAST HEAT CYCLE DATE: \_\_\_\_\_)  
MM/DD/YYYY

MICRO-CHIPPED, TATOODED, OR BRANDED?  YES  NO (IF YES WHAT IS THE MICRO-CHIP, TATOO, OR BRAND #: \_\_\_\_\_)

DOES THE DOG HAVE ANY PRE-EXISTING INJURY OR ILLNESS?  YES  NO

IF YES PLEASE EXPLAIN:

IS THE DOG CURRENTLY TAKING ANY MEDICATIONS NOT TO INCLUDE HEARTWORM/FLEA/TICK?  YES  NO

IF YES PLEASE LIST CONDITION, MEDICATION, DOSAGE, AND EXPIRATION OF MEDICATION:

TYPE OF PREVENTATIVE FLEA/TICK MEDICATION: \_\_\_\_\_ ADMINISTERED LAST DATE: \_\_\_\_\_  
MM/DD/YYYY

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OWNER OF DOG

\_\_\_\_\_  
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**CHECKLIST OF ITEMS:** (THESE ITEMS MUST BE RECEIVED PRIOR TO DOG BEING DROPPED OFF FOR TRAINING)

- CONTRACT COMPLETED, SIGNED, AND DATED
- FIRST MONTH PAYMENT
- PROOF OF CURRENT IMMUNIZATION RECORDS
- HEART WORM PREVENTATIVE
- FLEA/TICK PREVENTATIVE
- MEDICATIONS FOR PRE-EXISTING CONDITION IF APPLICABLE

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
FIRST LAST CITY STATE ZIP CODE

PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
CELL HOME WORK

RELATIONSHIP TO OWNER OF DOG: \_\_\_\_\_

VETERINARIAN NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**FOR OFFICE USE ONLY**

TOTAL COST OF TRAINING: \_\_\_\_\_

FIRST MONTH TRANSACTION PAID:  YES  NO

CASH AMOUNT: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_

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\_\_\_\_\_  
OWNER OF DOG

\_\_\_\_\_  
DATE