



## summerwind canines dog training

Jean Gauchat Hargis, Trainer (916) 765-9421

### Private Lesson

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Phone: \_\_\_\_\_ Age/Sex: \_\_\_\_\_ Referred By: \_\_\_\_\_ Spay?Neut.? \_\_\_\_\_

Other Pets in Household: \_\_\_\_\_

Other People in Household: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Has the dog ever bitten or injured a person or animal? If yes, Describe: \_\_\_\_\_

\_\_\_\_\_

Where did the dog come from/How long together: \_\_\_\_\_

Housebroken? \_\_\_\_\_ Crate Trained? \_\_\_\_\_ Indoor/Outdoor? \_\_\_\_\_

Where does the dog sleep? \_\_\_\_\_ Brand of Food? \_\_\_\_\_ Fed how many times a day? \_\_\_\_\_

Has the dog had any previous training? If so, describe (include what cues he knows): \_\_\_\_\_

\_\_\_\_\_

Daily Exercise: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

FEES: Private Lesson, 1 Hour \$200.00, follow up \$150.00 TOTAL FEES: \_\_\_\_\_

Your Lesson dates/times: \_\_\_\_\_

I, (print name) \_\_\_\_\_ wish to receive private dog behavior/training lessons under the direction of Jean Gauchat Hargis and Sacramento Animal Hospital. I understand the program will cover \_\_\_\_\_ as well as to help me solve or curtail my dog's behavior problems. I understand and agree that my success or failure in this program is based primarily on my willingness and ability to work my dog 20-30 minutes every day twice daily. I do hereby waive and release Summerwind Canines Dog Training (Jean Gauchat Hargis) and Sacramento Animal Hospital from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and hold Summerwind Canines Dog Training (Jean Gauchat Hargis) and Sacramento Animal Hospital from any and all claims due to any damage my pet may cause to any family members or third party during or after the training. I agree that the organization giving the lesson has the right to refuse this enrollment or cancel for any cause which the instructor shall deem to be sufficient. I understand all fees are payable in advance. I have read, understand, and agree to all terms and conditions set forth above.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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