



Shamrock Pet Resort

and

Sauk Prairie Small Animal Hospital

AAHA Member Hospital

E11340 County Rd PF

Prairie du Sac, WI 53578

(608) 643-2451 Fax (608) 643-2647

spsmallanimal@aol.com

INDIVIDUAL CLASS TRAINING CONTRACT

Client Name: _____ Dog's Name _____

Training Class enrolling in: _____ Date of Class: _____

Other classes taken/date (owner must initial update) _____

As the Owner, you agree to:

Represent that you are the legal owner of the animal, that your pet has not been exposed to rabies or distemper within the last 30 days, and that the required annual licenses have been obtained.

Provide written proof from your veterinarian of your pet's vaccine, fecal, and flea/tick preventative information. This information can be faxed directly to us at 608-643-2647. We prefer that records are received at least one week prior to the course start date. **Please note your pet will not be permitted to participate in the classes without a record of current vaccines.** If you'd like to have any vaccines updated at our clinic please contact us for an appointment. course fees in advance of the course start date.

SPSAH agrees to:

Keep the training facility and equipment sanitary, properly enclosed and properly maintained.

Provide qualified staff to instruct all training courses.

Exercise reasonable care in permitting an animal's initial admittance and continuing involvement in a group training setting.

Exercise reasonable care in the design and conduct of course activities, to ensure the safety and well-being of the owner and the owner's pet(s).

Please be advised:

There is dog to dog and dog to people interaction in our training classes. All dogs in group training classes are subject to approval of Sauk Prairie Small Animal Hospital staff, based on health and individual temperament of the dog. All dogs are screened, and the SPSAH trainer supervises all class activities to promote safety. However, while rare, injuries to dogs or people may still occur.

I, the undersigned, understand and agree to my responsibilities and the inherent risks of participating in training classes. I hereby release Sauk Prairie Small Animal Hospital from any liability for injury to myself, my dog, or any animal or person with which my dog may come in contact while participating in training classes.

Signature of Owner _____ Date _____

Signature of SPSAH _____ Date _____

FOR SPSAH STAFF

Vaccination due dates:

Rabies: _____ Distemper: _____ Leptospirosis (if received 3yr Distemper): _____

Bordetella: _____ Fecal: _____ Flea & Tick Preventive (Type and due date): _____

Vaccines given by whom: _____