

Training Contract



I agree to pay a monthly fee of \$750 for training to WINGMAN KENNELS for the training of my dog. I will pay for the first month of training prior to leaving my dog with Wingman Kennels. I will get billed on the 20th of each month and I will make payment by the first of each month. I understand my monthly fee covers training and food only. Heartworm and flea and tick prevention are mandatory and can be provided at an additional cost. Any medicines your dog may need while at WINGMAN KENNELS can be administered free of charge but must be provided by the dog's owner. Other expenses may include but are not limited to, birds, veterinary care, travel to and from vet, travel to and from Gerald Ford International Airport, Handling at hunt test or field trials, travel to and from hunt test or field trials.

I understand I will need to show proof that my dog is up to date on all vaccinations when I drop him/her off. I understand I will be billed extra for any vaccinations needed while my dog is at WINGMAN KENNELS.

I understand that the results of training depend in large part on the capabilities of my dog and results are not guaranteed. I understand the risk involved for my dog while training and while being boarded at WINGMAN KENNELS. I understand that it is possible for dogs to sustain injuries causing permanent damage and even resulting in death while training or being boarded. I will not hold WINGMAN KENNELS responsible in any way should my dog become ill, get injured or die while in the care of WINGMAN KENNELS. I understand that when this contract refers to WINGMAN KENNELS it includes Nick Moe, Hans Nelons or any person, property or device owned by, being used by, or associated with WINGMAN KENNELS. If a court, Judge or any other authority over rules this contract and holds WINGMAN KENNELS responsible for the loss or injury to a dog, I understand and have agreed that my dog is worth \$1.00 and no more than \$1.00. Should compensation be made to me or anyone else on my behalf from WINGMAN KENNELS for any reason it will total no more than \$1.00.

Name(print)_____

Home Phone()_____ - _____ Cell()_____ - _____

Work()_____ - _____

Address_____

City_____ State_____ Zip_____

E-mail_____

Signature_____

Veterinarian Name_____

Phone()_____ - _____