

WALK THIS WAY

CANINE BEHAVIOR THERAPY™



Release Form

I, _____, grant my permission for Walk This Way Canine Behavior Therapy, to work with my pet _____ in the area of Canine Behavior Therapy. I understand that in the area of Obedience Training, owner compliance is necessary for the dog to understand and retain the training he/she has received. I also understand that in the area of Behavioral Problems, owner compliance and patience are key in the rehabilitation of my pet. I understand that any behavioral abnormality is controllable but not necessarily curable, especially when concerning aggression problems. I do not hold Walk This Way Canine Behavior Therapy responsible for the actions of my animal during or after treatment.

If my pet is left in the care of Walk This Way Canine Behavior Therapy and needs medical attention, I authorize Walk This Way to consult with my veterinarian. If my veterinarian is unavailable, I authorize Walk This Way Canine Behavior Therapy to utilize the services of another vet or emergency hospital. I understand that I am responsible for any charges in respect to veterinary care.

Fees and deposits are non-refundable. We accept all major credit cards, cash and personal checks. If paying by credit card or debit card, you will be emailed an invoice by PayPal Merchant Services either prior to your appointment (for a deposit) or at the conclusion of your session. Payment is expected at the time of service.

If we come to you and either you or your dog is not there, the full amount will be charged.

Appointments scheduled for 12noon-8pm on weekends or after 6pm on weekdays require a credit card deposit equal to the full amount of the appointment. Cancellations for those time slots made less than 48 hours in advance will incur a fee of 50%.

By signing below I acknowledge that I have read and agree to the terms described above.

Client Signature _____

Date _____