



Winter Park Veterinary Hospital

58 YEARS *A Compassionate Commitment to Quality Pet Care*

TRAINING CENTER AGREEMENT & RELEASE FORM

E-mail Address: _____

Emergency # : _____

*** It is essential that you are available at the above phone number in the event that we need to contact you.**

Training Release

I understand that there are inherent risks of injury to me, and my dog, family and friends (hereafter known as "Participants") who are present/involved in training and connected activities, including risks related to equipment, condition of premises, staff or trainer actions, disease, dog bites and other risks, known and unknown. At times there may be off property training which could increase risks. I acknowledge and accept that injury could occur to me and "Participants", related to Winter Park Veterinary Hospital, its staff, the trainers, other staff, other students, their family and dogs (hereafter known as "Released Parties"). I am participating voluntarily in dog training for enjoyment, with the knowledge of the potential risks. I assume, known and unknown, risks of injury, death, property damage, that may result from my participation in the training and connected activities.

I agree to release, indemnify, defend, and hold harmless all the "Released Parties" mentioned above, from all liability to me, the "Participants", and other representatives and family, for all liability, claims, damage, or demands for personal injury or death to me, and "Participants" arising from or relating to this Agreement, or participation in the dog training and connected activities, whether on or off premises. I take sole responsibility for any loss.

I have carefully read the Agreement. I understand the terms as well as that there is an assumption of risk, a release, waiver of liability and hold harmless agreement. I acknowledge and agree to pictures being taken of my pet and of myself and give permission for them to be used in connection with the training center's work including the websites. Any media utilized becomes the property of WPVH. I understand that the "Released Parties" are materially relying on this Agreement in allowing me to be a member of the training with its various activities, and to use the premises.

Initial: _____

Authorization - Treatment & Services

I, the undersigned owner or authorized agent of the guest(s) named on the reverse side as well as the guests named on the Additional Guest Boarding Authorization form, authorize and give consent to Winter Park Veterinary Hospital [WPVH], its doctors and staff to provide boarding services and/or bathing and any other services requested on the reverse side as well as on the Additional Guest Boarding Authorization form to the guest(s). I understand that there are inherent risks & benefits involving these services, that I can ask questions until I am comfortable, and WPVH, its doctors and staff, will use all reasonable precautions against injury, escape, and/or demise of the guest(s).

Should unforeseen events require treatment beyond what has been discussed with me and I cannot be reached, I authorize WPVH, its doctors and staff to perform, and I agree to pay for, such medical and surgical treatment as is necessary to preserve the life of the guest(s) until I can be contacted for further authorization.

I hereby release WPVH, its doctors and staff from any and all claims, except claims for negligence, arising out of or connected with the performance of the boarding, walks, play time, bathing, treatment and /or surgical services. I understand that anesthesia may be given, that it carries risks, and in extremely rare instances, death may result.

I accept full financial responsibility for the services rendered to the guest(s) as well as other costs related to the guest(s). I understand that payment in full is due upon release of the guest(s) from the hospital or when service is otherwise terminated. If charges are not paid within 5 days after written or oral notification has been made to me that the guest(s) is/are ready to be released from the hospital, I relinquish the guest(s) and WPVH is authorized to humanely dispose of the guest(s) unless I, the owner, or an authorized agent of mine, calls for the guest(s) & pays all accrued fees.

Should it be necessary to collect this account through a collection agency or an attorney the undersigned agrees to pay all costs of collection, which could double the bill, in addition to a reasonable attorney's fee, even if court or legal action is not taken.

I acknowledge that no assurance or guarantee has been made of the results of the boarding, walks, play time, bathing, medical and/or surgical services and that I understand the potential risks & benefits.

Owner or Authorized Agent Signature

READ BEFORE SIGNING

Date

1601 Lee Road, Winter Park, FL 32789 Phone: 407.644.2676 Fax: 407.644.1312

Wednesday, July 24, 2013

Rev: 01-19-10 ayf



Winter Park Veterinary Hospital

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TRAINING CENTER AGREEMENT & RELEASE FORM

1) I am participating in (please circle):

APS Daycare with Training Boarding with Training Lifetime Commitment Course (LCC)

2) My dog has been evaluated by the training staff (CSRs for APS) and I accept the evaluation and agree to pay in full _____ dollars for _____ sessions.

3) I authorize WPVH to use this form as a release for renewing any and all boarding with training, daycare with training, or APS packages for up to 365 days from date of signature.

Initial: _____

4) I have been given information on, have read, and have fully accepted all conditions and terms of my training program at WPVH (Please circle: LCC Daycare with training Boarding with training APS).

*** This includes but is not limited to:**

- i. Pick-up requirements
- ii. Medical requirements
- iii. LCC owner commitment responsibility
- iv. Discharge appointments
- v. Payment in full at time of services
- vi. Liability Releases

If I am participating in an LCC program I understand my role in the LCC process and accept that if I do not follow the training regiments as defined by the WPVH trainers, the LCC is null and void.

Initial: _____

*** I understand the following medical requirements are**

- Yearly Exam
- Training Exam
- Two completed sets of vaccines including; Parvovirus, Adenovirus, Distemper and Parainfluenza.
- One completed Influenza vaccine
- One completed Bordetella vaccine
- One completed Rabies vaccine (age appropriate)
- One completed Leptospirosis vaccine (age appropriate)
- Dewormed within 6 months and be flea and tick free

Signature _____

Date: _____

Staff Initials: _____

STAFF USE:

Health Status: _____ Current Vaccs: _____

Vaccs Needed: _____ Flea Prevention Type: _____

Deposit Paid: _____ Paid in Full: _____

Staff Initials: _____



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TRAINING CENTER REGISTRATION & EVALUATION FORM

General Information (To be completed by client)

Client Name _____ Phone _____ Arrival Date _____
 Occupation _____ Children in Household _____
 Other Pets _____
 Dog's Name _____ Age _____ Breed _____ Sex _____
 Physical Description _____ Spayed/Neutered (circle one) Y N
 Have you had your dog for at least 3 weeks? _____
 Where did you get your dog? _____ How old was your dog when you obtained him/her? _____
 Does your dog have any current medical issues? _____

Evaluation Information (To be completed by Trainer)

Please Select a Program

Level: (please circle one) 1 2 3

Program: (please circle one) APS Daycare with Training Boarding with Training LCC

LCC only: (please circle one) On Leash Basic *Advanced 3 week 4 week

* Advanced LCC requires the purchase of an electronic collar.

Behavior Interview (To be completed by Trainer)

List Problem Behaviors: _____ House soils _____ Jumps up _____ Aggressive _____ Runs Away _____ Shy
 _____ Chews _____ Unruly _____ Bites _____ Disobeys _____ Digs
 _____ Barks _____ Fights _____ Howls _____ Animal Aggressive

Is this the first dog you have ever owned as an adult? _____ Do you tend to "spoil" your dog? _____
 Does your dog "nudge" you for petting when he/she is with you? _____
 Is your dog "like a child" to you? _____
 Do you think your dog has ever been "mad" at you? _____
 Are you consistent in your expectations of your dog's behavior? _____
 (do you sometimes allow certain behaviors, e.g. jumping, and sometimes not allowing the same behavior?)
 Does your dog get upset when you leave him/her alone? _____ What does he/she do? _____
 Do you confine your dog (room, crate, yard etc.) away from you? _____
 How do you discipline your dog? _____ Does it work? _____
 Does your dog live in the house? _____ If not, where? _____ If not, why? _____
 Is your dog allowed on your furniture? _____ To sleep in your bed? _____ Frequency _____



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AUTHORIZATION - BOARDING - FIRST PET

Client ID :	<u>Emergency Contact Info:</u>	<u>Feeding Information</u>	<u>Special Feeding Instructions</u>
Client Name :	Name/Relationship:	Dry: # of cups _____	_____
Patient ID :	_____	SID BID TID Free	_____
Pet Name :	Phone Number :	Wet: _____	_____
Species :	_____	SID BID TID Free	_____
Breed :	Person Picking Up :	Brought Food : YES NO	_____
Home Phone :	_____		
Cell Phone :	_____		

Pet Alerts :

Arrival / Departure Arrival Date : _____ Departure Day : _____ Departure Date : _____ Departure Time : _____

LCC

Room Packages & Rates		**All Boarding Charges Are Per Pet Per Day**			
Rooms	Choice	Platinum	APS	# of Days	Bath YES // NO
Canine < 30#	\$24 *	\$31 *	\$15		\$29
Canine >31#	\$26 *	\$33 *	\$15		\$33
Feline	\$20 *	\$22 *	-	-	\$26
Medication	Diabetic Boarders: Insulin administration - \$13.50 (owner supplied) or \$22.50 (WPVH supplied) per injection.				Pedicure YES // NO
Capstar	\$7.00 one time charge. Administered at check-in for flea control.				Special care / feeding / handling \$35 per day

* Holiday Rates are an additional \$3.00/per day

Veterinary Services / Special Comments

If you would like an estimate of these charges, please request this from the Client Service Representative.

Current Medications

Type : _____ Directions : _____ Last given : _____ Next Dose Due : _____

Type : _____ Directions : _____ Last given : _____ Next Dose Due : _____

Type : _____ Directions : _____ Last given : _____ Next Dose Due : _____

Type : _____ Directions : _____ Last given : _____ Next Dose Due : _____

The Authorization & Consent for Services must be completed and signed on the reverse side of this form.

CSR : _____ Tech : _____ ACS : _____



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Important Information

1. For their protection, all guests staying with us will be:
 - A. Given a complimentary screening upon check-in.
 - B. Given a Capstar at check-in to prevent external parasites at the owners expense.
 - C. Given any vaccinations that are required by us that they're not current on at the owner's expense.
2. Serious health problems and emergencies will be treated immediately by our staff at the owner's expense. Every effort will be made to contact you at the number given before beginning treatment.
3. Guests bathed are picked up after 3:00 P.M.
4. Guests picked up after 12:00 Noon are charged an additional day of boarding unless day care has been arranged or a bath is scheduled.
5. I understand there are additional charges for Veterinary Services.

Initials _____

Walk & Playtime & Agility Play and Socialization (APS) & Photo Release & Consent

I authorize the staff of Winter Park Veterinary Hospital (WPVH) to walk/have playtime/participate in APS (guest will vary) with the guest(s) named on the reverse side as well as on the Additional Guest Boarding Authorization form and absolve the WPVH and staff of any liability for injury and loss of the guest(s) or injury to others.

I acknowledge & agree to pictures/film being taken of my pet and of myself & give permission for them to be used in connection with WPVH's work. Any media utilized becomes the property of WPVH.

Initials _____

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Owner or Authorized Agent Signature

Date



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LCC TRAINING AGREEMENT AND INFORMATION

This is an Agreement between Winter Park Veterinary Hospital hereafter called "WPVH" and the pet's Owner, hereafter called "Owner". Pet will be boarded and trained by WPVH staff during the specified time of boarding.

Owner has completed the requirements to board at WPVH and has read, asked questions and signed the necessary forms, including the New Client & Patient Information, Boarding and First Patient Authorization, the Training Program Registration Form, and Training and Playtime Agreement and Release which cover important, related issues and are attached by reference.

Lifetime Commitment

WPVH offers the following commitment: "Winter Park Veterinary Hospital trainers value their clients, and pride themselves on their satisfaction. WPVH promises to provide the obedience training as described. After the 'training during boarding' is concluded, it is essential that the owner continue to work with their dog on a regular basis. Should you find that in six months, a year, or even five years, your dog regresses and the methods we have taught you to maintain the learned skills are not working to your satisfaction, we will, without cost to you, provide the necessary courses or classes to satisfy the goals of your chosen package. If individual work is deemed to be necessary that will be included. There is no expiration date on this offer. **The requirement is that you follow our trainers' instructions and methods at home with your pet from the very beginning of our work together.** WPVH will retain the decision-making authority as to applicable adherence to our training principles.

If it is determined that there are physical, psychological or biological reasons the dog cannot maintain its progress or level of training, WPVH retains the right to amend the contract at its sole discretion. WPVH maintains the authority to make this determination. There are circumstances that may require the modification of your training program. It is our hope to identify these potential issues prior to the commencement of any training, but this is not always possible. For these circumstances we will continue to work with you, but we cannot commit to consistently changing this behavior. If in the opinion of WPVH staff, the pet has not been able to learn the expected behaviors in the given time WPVH agrees to work in partnership with the Owner to modify the program to better meet the pet's and the owner's needs. The remedial work will be set at times that are mutually convenient for WPVH and Owner.

If WPVH should not be in operation or have the specific program any longer WPVH is not expected to substitute other services or refund money. It is understood and agreed by WPVH and the Owner that all provisions of this Agreement, as well as the other related documents signed, shall be binding among both parties thereunto for this visit and subsequent visits. Any controversy or claim arising out of or relating to this agreement, or breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall, as part of his reward, determine an award to the prevailing party of cost of such arbitration and reasonable attorney's fees of the prevailing party.