**Extreme Retriever Kennels**

**805 Weeping Willow Rd.**

**Hendersonville, TN 37075**

**615.239.9178**

**TRAINING CONTRACT**

This agreement is between Extreme Retriever Kennel and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(client)

For the purpose of training and having trained the client’s retriever for gun

dog/competition purposes. Outlined below are the standard terms applicable to this agreement.

 Client agrees to vaccinate or have vaccinated his/her retriever for the following canine

diseases before placement in Extreme Retriever’s training program. Proof of fulfillment for

the vaccination requirement via veterinary documentation is mandatory to this agreement.

 Canine Distemper, Infectious Canine Hepatitis, Canine Parvovirus,

Leptospira canicola,and L. icterohaemorrhagia and Respiratory Disease caused

by Canine Adenovirus Type 2 and Parainfluenza.

 And Rabies.

Client agrees to cover any and all expenses related to emergency and or routine veterinary visits required for client’s retriever while under the care of Extreme Retriever Kennels.

Training fees are billed once per month, the same date of your drop off. Payment is expected

and client agrees to comply with payment upon receipt of invoicing. Rates are listed on below.

Client understands and agrees that training fees are on a “per month” basis. This means

that while client’s retriever is in training the client will be billed for the training month in

its entirety regardless if the retriever is taken home for periods of time for whatever

reason (except medical reasons). If client wishes to remove his/her retriever from the

training program at Extreme Retriever Kennel the removal must be done prior to the start of another

**Retriever Obedience Program**

**Gun Dog Puppy Program**

training month.

**Retriever Gun Dog Program**

**Shed Hunting Retriever Program**

**Extreme Retriever Program**

Number of Months Committed\_\_\_\_\_\_\_

CLIENT SIGNATURE OF ACCEPTANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_