



TRAINING CONTRACT

I AGREE TO PAY A MONTHLY FEE OF \$700.00 FOR UPLAND-INTRODUCTION OR \$850.00 FOR BASIC UPLAND/RETRIEVER PACKAGE AND ADVANCED UPLAND/RETRIEVER PACKAGE TO HUNTER'S ROSE KENNEL FOR THE TRAINING OF MY DOG. I WILL PAY FOR THE FIRST MONTH OF TRAINING PRIOR TO LEAVING MY DOG WITH HUNTER'S ROSE KENNEL. IF I DECIDE TO TAKE MY DOG HOME PRIOR TO THE ENDING OF THE TRAINING MONTH, ANY DAY AFTER TRAINING DAY THREE, I UNDERSTAND THAT I WILL NOT BE REFUNDED FOR THE MONTH PAID. I UNDERSTAND THAT MY PAYMENT IS DUE ON THE FIRST OF EACH MONTH. I UNDERSTAND THAT MY MONTHLY FEE COVERS TRAINING ONLY. I AM AWARE THAT MY DOG WILL BE FED KENNEL CHOICE OF FOOD (AS OF MARCH 2023, FOOD IS TEAMDOG BRAND, SUBJECT TO CHANGE) FOR A TOTAL OF \$60.00 PER MONTH OR THAT I WILL SUPPLY MY OWN AIRTIGHT FOOD CONTAINER AND FOOD EACH MONTH. I UNDERSTAND THAT I WILL BE CHARGED FOR BIRDS USED DURING MY DOG'S TRAINING EACH MONTH, SEPARATE FROM MY TRAINING FEE OBLIGATION. HEARTWORM AND FLEA/TICK PREVENTION ARE MANDATORY AND ARE NOT PROVIDED BY HUNTER'S ROSE KENNEL. ANY MEDICINES YOUR DOG MAY NEED WHILE AT HUNTER'S ROSE KENNEL CAN BE ADMINISTERED FREE OF CHARGE BUT MUST BE PROVIDED BY THE OWNER. OTHER EXPENSES MAY INCLUDE BUT ARE NOT LIMITED TO, VETERINARY CARE, TRAVEL TO AND FROM VET, TRAVEL TO AND FROM DETROIT METRO AIRPORT, HANDLING AT HUNT TESTS OR FIELD TRIALS, TRAVEL TO AND FROM HUNT TESTS OR FIELD TRIALS.

I UNDERSTAND THAT I MUST SHOW PROOF THAT MY DOG IS UP TO DATE ON ALL VACCINATIONS WHEN I DROP OFF. I UNDERSTAND I WILL BE BILLED EXTRA FOR ANY VACCINATIONS NEEDED WHILE MY DOG IS AT HUNTER'S ROSE KENNEL.

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 BE BOARDED AT HUNTER'S ROSE KENNEL. 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 HUNTER'S ROSE KENNEL RESPONSIBLE IN ANY WAY SHOULD MY DOG BECOME ILL, GET INJURED OR DIE WHILE IN THE CARE OF HUNTER'S ROSE KENNEL. I UNDERSTAND THAT WHEN THIS CONTRACT REFERS TO HUNTER'S ROSE KENNEL, IT INCLUDES DALE SWIDERSKI OR ANY PERSON, PROPERTY OR DEVICE OWNED BY, BEING USED BY, OR ASSOCIATED WITH HUNTER'S ROSE KENNEL. IF A COURT, JUDGE OR ANY OTHER AUTHORITY OVER RULES THIS CONTRACT AND HOLDS HUNTER'S ROSE KENNEL RESPONSIBLE FOR THE LOSS OR INJURY TO A DOG, I UNDERSTAND AND HAVE AGREED THAT MY DOG IS WORTH \$1.00 AND NO MORE THAT \$1.00. SHOULD COMPENSATION BE MADE TO ME OR ANONE ELSE ON MY BEHALF FROM HUNTER'S ROSE KENNEL FOR ANY REASON IT WILL TOTAL NO MORE THAN \$1.00.

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VETERINARIAN NAME: _____

VETERINARIAN PHONE: _____

SIGNATURE: _____ DATE: _____