



BEST FRIENDS K9 ACADEMY LLC

This agreement is between Best Friends K9 Academy LLC (BFK9A), Brenda Hasbargen, Bonnie Baker and the undersigned Owner/Agent.

BFK9A USE
Check # _____
#1 _____
#2 _____
#3 _____

OWNER/HANDLER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER(S) _____ EMAIL _____

DOG'S NAME _____ BREED _____

GENDER _____ AGE _____ SPAYED/NEUTERED? _____

CURRENT ISSUES: _____

VET'S NAME _____ PHONE NUMBER _____

The undersigned hereby agrees that they are the owner/agent of the above-described dog.

The undersigned agrees to accept full responsibility for the results of any training and does not hold BFK9A or its assistants liable for any actions, damages or disruption of property, people or other animals including but not limited to biting, jumping, running away, death or injury. The undersigned understands that due to the nature of each dog being a living, breathing individual, any of the aforementioned incidents may occur, even after completion of any training, and agrees to hold BFK9A, the assistants, agents and other harmless for the same.

The undersigned agrees to the following policies:

- APPOINTMENTS WILL BE MADE **AFTER THE REGISTRATION PACKET-REGISTRATION FORM, VACCINES AND PAYMENT-IS RECEIVED.**
- 24 HOURS IN ADVANCE FOR CANCELLATION OF LESSON, OR LESSON IS FORFEITED.
- EVALUATION FEE / SINGLE LESSON \$95.00.
- SERIES OF 3 LESSONS-\$255; MUST BE COMPLETED WITH 6 MONTHS OF 1ST LESSON.
- REFUND POLICY-IF WE ARE UNABLE TO HELP YOU AND YOUR DOG AFTER THE INITIAL LESSON-THERE WILL BE A SINGLE EVALUATION FEE CHARGED.
- MAKE CHECKS PAYABLE TO: **BFK9A.**

ACCEPTANCE OF THIS AGREEMENT OWNER/AGENT: _____ DATE: _____

AUTHORIZED TO SIGN FOR BFK9A: _____ DATE: _____

REGISTER BY MAILING TO:

Brenda Hasbargen
31639 Bishop Drive Cordova 21625

CONTACT US:

Brenda Hasbargen 410-364-5047
Bonnie Baker 410-253-3234
training@bestfriendsk9academy.com