



Yvonne Ferguson, CPDT-KSA, CTDI  
Telephone: 613-242-5050  
Email: quintecanine@hotmail.com  
Website: www.quintecanine.com  
Location: 987 Old Highway 2 Belleville K8N 4Z2

### Registration & Service Agreement

Please print clearly

#### Handler(s)/Owner(s)

Primary contact

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Secondary contact

First & Last Name: \_\_\_\_\_ Relation & Phone: \_\_\_\_\_

#### Dog

Dogs Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Dogs DOB: \_\_\_\_\_ Colour: \_\_\_\_\_

When and where did you obtain your dog?:  
(example: 8 weeks old /shelter or Oct 5 2014/ breeder) \_\_\_\_\_

Sex:  M  F Spayed/Neutered:  Y  N If spay/neutered, when?: \_\_\_\_\_

What food is your dog eating?: \_\_\_\_\_

What is your dog's previous training?: \_\_\_\_\_

Where?: \_\_\_\_\_ When?: \_\_\_\_\_

Dog is Healthy/Current on All Vaccines:  Y  N Name of Veterinary Clinic: \_\_\_\_\_

Please list any known or suspected medical conditions your dog has (medical disorders, allergies, physical disorders, etc.):  
\_\_\_\_\_

Is your dog reactive towards other dogs or has he/she ever bitten another dog?  Y  N

Is your dog reactive towards people or has he/she ever bitten a person?  Y  N

Please describe any behavior concerns or specific areas of concern or describe/explain what you would like to achieve with group class or private sessions:  
\_\_\_\_\_

How did you hear about Quinte Canine?: \_\_\_\_\_

#### **Quinte Canine Office Use Only:**

Class: _____	Start Date: _____
Rabies Revaccination: _____	DHP Revaccination: _____

Please see reverse →



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**Quinte Canine Service Agreement**

All of Quinte Canine’s policies are designed to ensure your (and others) enjoyment of your time with Quinte Canine, therefore failure to comply with our policies may result in immediate removal from services without refund. If you have any concerns or questions about our policies please call or email us today to discuss. Your confidentiality is of utmost importance and your questions and/or concerns will be met without judgement.

**Appointments** - All appointments are subject to a minimum cancellation administrative fee of \$25\* if cancelled more than 48 hours prior to the appointment. Due to limited appointments available we require that all clients provide a minimum of 48 business hours’ notice in the event that the client needs to re-book or cancel a private appointment. Less than 48 business hours’ notice of a cancellation or re-booking of an appointment shall be subject to and the client’s responsibility for payment in the amount of half of the quoted cost. Less than 24 business hours’ notice of a cancellation or re-booking of an appointment shall be subject to and the client’s responsibility for a cancellation fee of the full appointment amount.

**Refund/Transfer** - Refunds for classes are not available, please review all policies set out by Quinte Canine and available at <https://www.quintecanine.com/registration>. Failure to follow or adhere to these policies may result in removal of services without refund.

**Photo/Video** - In submitting this Registration and Service Agreement, the client agrees to release photo and video to the ownership of Quinte Canine for promotional or educational purposes.

\*All fees and associated costs are subject to HST.

**ASSUMPTION OF RISK AND AGREEMENT TO HARM HARMLESS**

I understand that Quinte Canine’s private or group classes or private consultations are not without risk to myself, members of my family, the public guests who may attend, or my dog, because some of the dogs to which I/we may be exposed to may be difficult to control and may be the cause of injury even when handled with the greatest amount of care or otherwise. I hereby waive and release Quinte Canine, owner Yvonne Ferguson and assistants, from any and all liability of any nature, for injury or damage that I, my dog, members of my family, the public, or my guests may suffer, including but not limited to any injuries or damages resulting from the action or inaction of any dog, owner, handler, Quinte Canine, owner Yvonne Ferguson or assistants.

I understand my responsibilities as a dog owner, as outlined in the Dog Owners Liability Act;

- The Act states that the owner of a dog is liable for damages resulting from a bite or attack and that liability does not depend on the owner’s fault, negligence or knowledge of the propensity of the dog to bite or attack.

I hereby acknowledge and agree that, even when handled with the greatest amount of care and every safety precaution has been exercised, or otherwise dogs inherently can be unpredictable in nature. Therefore, I hereby release Quinte Canine, owner Yvonne Ferguson and assistant’s, from a bite or attack, by my dog, on another person or domestic animal. I release Quinte Canine, owner Yvonne Ferguson and assistants of any responsibility, liability or accountability for failure to achieve desired results from my group classes or private consultations due to my failure to follow, the suggestions and recommendations as set out during my session.

**I/we the undersigned, acknowledge that I/we have fully read and understand the terms and provisions of the waiver, assumption or risk and agreement to hold harmless Quinte Canine, owner Yvonne Ferguson and assistants of all and any liability of any nature. I have read, understand and agree to all policies listed and available at <https://www.quintecanine.com/registration> including the refunds, appointment cancellation and rebooking policies, general policies and children & youth policies.**

**Handler(s)/Owner(s):**

\_\_\_\_\_  
 (please print name)

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (date)

**Quinte Canine:**

\_\_\_\_\_  
 Yvonne Ferguson, CPDT-KSA, CTDI  
 (name)

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (date)

**Please see reverse →**