

**Retriever Training with Ken Youngs @ Michigander Retrievers**

6050 E. S Avenue - Vicksburg, MI 49097

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# TRAINING CONTRACT

This agreement is between Ken Youngs and \_\_\_\_\_ (client) for the purpose of training the client’s retriever for gun dog work (as well as for hunt test/working certificate competition purposes, if applicable). 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 the training program. Proof of the vaccination requirement via veterinary documentation is mandatory to this agreement.

**Canine Distemper, infectious canine Hepatitis, Canine Parvovirus, Leptospira canicola and Canine Adenovirus Type 2 and Parainfluenza, Bordatella and Rabies.**

® Client agrees to provide or pay for the administration of monthly heartworm preventative medication.

® Client agrees to provide or pay for the administration of monthly flea, tick, and mosquito preventative medication.

® 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 Ken Youngs and/or his family/staff. The client further authorizes Ken Youngs, and his family to seek veterinary assistance as needed in emergency situations.

Rates are listed on Michigander Retrievers website ([www.miretrievers.com](http://www.miretrievers.com)) and are subject to change as costs dictate. The client will be notified of any changes in cost prior to their occurrence. Please note the current fee is \$600/month plus the cost of birds as needed for training.

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 the removal must be done prior to the start of another training month.

Special provisions / arrangements specific to the training of this retriever: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals for this dog: \_\_\_\_\_  
\_\_\_\_\_

\*Note: Ken Youngs, along with his family and staff, agrees to makes his best effort to train the dog to work toward these goals. He will evaluate the dog and access strengths and weaknesses as training progresses. Not every dog is cut out for every job, Ken Youngs and client both understand this. With this in mind, Ken Youngs agrees to keep client informed of any issues/concerns that arise which might prevent this dog in achieving these goals so that together, Ken Youngs and client can decide the right path to follow for the dog’s continued training period.

**Client Initial of Acceptance \_\_\_\_\_ Date \_\_\_\_\_**

**Dog Information:**

Registered Name: \_\_\_\_\_ AKC # \_\_\_\_\_

Call Name: \_\_\_\_\_ Sex: \_\_\_\_\_ UKC # \_\_\_\_\_

Breed: \_\_\_\_\_ D.O.B \_\_\_\_\_

Reg. Name of Sire: \_\_\_\_\_

Reg. Name of Dam: \_\_\_\_\_

Please list any titles the dog has earned: \_\_\_\_\_

Special Requests/Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feeding: Food Brand: \_\_\_\_\_ Amount: \_\_\_\_\_ # of times daily \_\_\_\_\_

Apply Flea and Tick on: \_\_\_\_\_ Heartworm: \_\_\_\_\_

Microchip # \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ First date of last known heat cycle: \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_ HRC # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email)

**Client Signature of Acceptance** \_\_\_\_\_ **Date** \_\_\_\_\_