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**Canines & Friends Dog-Centred Therapy**

**Working towards a trusting and balanced Inter-Relationship between Dog and owner**

**Disclaimer Form**

By signing below, I hereby acknowledge receipt of a copy of this Non-Liability Agreement, as of the date set forth below, next to my printed name.I further acknowledge that I understand the nature of the risks, and voluntarily accept such risks in consideration.I have carefully considered the risks to my person and personal property, as well as personal injury and have freely and voluntarily decided to assume such risks.I further acknowledge and agree, that all additional costs caused by taking on Silvia, Canines & Friends Dog Behaviourist, by bringing her in to my home to work with my dog(s), will be at my personal expense and Canines & Friends shall be under no obligation to reimburse me.I acknowledge and agree that no person at Canines & Friends,or speaking on behalf of Canines & Friends, has minimized any risk, or disavowed or contradicted anything contained in this Non-Liability Agreement, to induce me to taking Silvia on as a Dog Behaviourist.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog(s)Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_Breed(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would appreciate the payment a day before the intensive 6 week adjustment guidance programme, and when working online or via telephone. Any other 1 to 1 sessions can be paid on the day. Dog class bookings have to be paid in full on the starting day.

 Account Number 19208929 Sort Code 09 – 01 - 27

 Please could you contact me no less than 24 hours prior to any session if an alternative appointment is required, otherwise a 30% (session) payment will have to be incurred.

*Tel. 01557 500206 Mob.07939372110*

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