

Sur le Delavan Kennel, LLC  
1598 Towerline Road  
Delavan, IL 61734

## Training Contract

Trainers: Clint LaFary  
Bud Shipp

\_\_\_\_\_, Client, hires by contract **Sur le Delavan Kennel, LLC**  
(hereafter referred to as "Sur le Delavan Kennel") for the purpose of dog training.

\_\_\_\_\_, dog(s),  
which will be trained by Sur le Delavan Kennel bound with this contract.

(A) **TRAINING FEE:** Sur le Delavan Kennel will be paid the monthly training fee of \$750.00 for each dog listed above.

Minimum training contract is for 1 month, but not limited to only 1 month.

Half (\$375.00) of first month's fee is due at the signing of the contract. Invoices will be sent on the first of each month thereafter, fees are due by the 15th of each month.

In return for payment Sur le Delavan Kennel will train dog(s) listed above.

Expense of feeding dog(s) is included in the training contract price. Sur le Delavan feeds American Premium Dog Food. Specialized feed required by the client must be provided by the client at their expense.

Live birds will be supplied by Sur le Delavan Kennel and are included in the monthly training fee. Up to the first 25 birds per month. After that live birds used will be at a cost of \$5.00 per bird.

(B) **HUNT TEST/TRIAL EXPENSES:** If the client requests/agrees that the dog(s) participate in Hunt Test/Trial events under the handling of Sur le Delavan Kennel the following will apply: Client will reimburse monthly all entry fees incurred by Sur le Delavan Kennel. Also, a \$25.00 per event handling and transportation fee will apply for each dog per event

(C) **VETERINARY CARE:** Sur le Delavan will, on a routine basis, inspect dog(s) for injury or sickness. Proper veterinary care will be sought in the case that it is deemed necessary by Sur le Delavan Kennel. The client authorizes needed veterinary care by signing this contract. Client also agrees to reimburse all medical service and medicine fees. Payment of these fees will be on a monthly basis added to the monthly training fee invoice. The client is responsible to have all vaccinations (rabies/booster) shots current on their dog(s). Sur le Delavan Kennel also requires each dog be treated for kennel cough. The client will provide documented proof on or before the time the dog arrives at Sur le Delavan Kennel. Sur le Delavan can treat your dog when dropped off for \$15.00. Sur le Delavan Kennel is licensed by the State of Illinois and is inspected yearly. State law requires the vaccinations and that documented proof is available for each dog. The client must provide enough heartworm medication and flea/tick medication to last the dogs stay. Sur le Delavan Kennel will administer these medications on a schedule determined by the client. Sur le Delavan Kennel can provide such medications at the expense of the client, and will be added to the monthly invoice.

(D) **DEFAULT:** In the event client fails to pay fees and/or expenses outlined by this document for a period of 90 days, ownership of contracted dog will be forfeited. After notification that the contract has reached the 90 day delinquent status, client will forfeit contracted dog to cover outstanding balance due

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to Sur le Delavan Kennel. Also client will be obligated by this contract to transfer all ownership documentation and registration to Sur le Delavan Kennel. If legal action is required to obtain proper ownership documentation, client will be bound by this contract to pay attorney's fees and court costs incurred by Sur le Delavan Kennel to obtain ownership transfer.

(E) **HOLD HARMLESS:** The client will hold Sur le Delavan Kennel free and harmless from any and all claims, liability, damage, loss, or expenses arising out of any injury to any person or to any person's property by the dog(s) named in this contract, while in the care, custody and control of Sur le Delavan Kennel.

(F) **LIABILITY LIMITATION:** The client acknowledges that it is accepted that dog training will not provide exact results. Each dog is different in regards to ability, intelligence and temperament. Sur le Delavan Kennel makes no expressed, nor implied guarantee, to the results reached in training or to the level of competency reached by contracted dog(s). Sur le Delavan Kennel reserves the right to terminate this training contract at any time, and to request that the client pick up his dog(s). All pre-paid training fees will be refunded on a daily pro-rated basis in the event that Sur le Delavan Kennel would make said request.

The client accepts that this is a training contract and that Sur le Delavan Kennel is not an insurer of the condition of the dog(s) while it is in the custody of Sur le Delavan Kennel.

Sur le Delavan Kennel is in no way responsible for the cost of replacing contracted dog(s) or for any damage of any kind, should contracted dog(s) die, be stolen, escape, or become injured, or become ill while in the care of Sur le Delavan Kennel. Proper care will be given and generally accepted training methods will be followed while dog(s) is under contract. Training can be dangerous and injury or death can occur, even when careful measures have been taken.

(G) **SOLE AGREEMENT:** This contract is the sole agreement between the client listed and Sur le Delavan Kennel. Any prior agreements, promises, negotiations, or representations not expressed in this contract are no longer in force or effect. Exception being additional terms agreed upon as listed below.

(H) **OTHER AGREEMENTS:**

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CLIENT AGREEMENT:

\_\_\_\_\_ DATE: \_\_\_\_\_

Client Signature

\_\_\_\_\_ DATE: \_\_\_\_\_

Sur le Delavan Kennel, LLC. Signature

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CLIENT INFORMATION

Name: \_\_\_\_\_

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

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cellular) \_\_\_\_\_

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

DOG INFORMATION

Registered Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male / Female D.O.B.: \_\_\_\_\_

Microchip or Tattoo? Yes / No Number: \_\_\_\_\_

Medical history or pre-existing injury / illness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Heartworm: \_\_\_\_\_ Flea/tick: \_\_\_\_\_

EMERGENCY INFORMATION

Person to contact in case of emergency: \_\_\_\_\_

Number to call: \_\_\_\_\_

Personal Vet. & Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_