



**DOG TRAINING SERVICES  
CONSUMER ACKNOWLEDGMENT FORM**

*In recognizing the value in Consumers making informed decisions when selecting Dog Trainers or a Dog Training Business to provide Dog Training services, consistent with Hillsborough County’s “Truth-in-Training” Ordinance, each dog owner should read and acknowledge the following statements prior to obtaining Dog Training services in the County.*

**Please circle “Yes” if you agree or circle “No” if you do not agree to the following statements.**

<b>Yes</b>	<b>No</b>	The Trainer discussed with me his or her experience, credentials, training philosophy, and practices.
<b>Yes</b>	<b>No</b>	The Trainer provided me a written copy of my dog’s Training Plan.
<b>Yes</b>	<b>No</b>	I was able to ask questions and provide input on my dog’s Training Plan.
<b>Yes</b>	<b>No</b>	I understand there are a variety of dog training techniques/equipment used in dog training.
<b>Yes</b>	<b>No</b>	I understand the techniques/equipment used should consider my dog’s size, age, health and breed.
<b>Yes</b>	<b>No</b>	The Trainer has explained to me what is involved with each of the training techniques/equipment to be used on my dog (as outlined in my dog’s Training Plan) including the risk(s) of injury, illness or death.
<b>Yes</b>	<b>No</b>	I understand certain training techniques may involve physical correction, and I consent to the Trainer’s reasonable, limited, and judicious use of physical correction (as outlined in my dog’s Training Plan).
<b>Yes</b>	<b>No</b>	I understand my right to refuse the Trainer’s use of certain techniques/equipment on my dog.
<b>Yes</b>	<b>No</b>	I authorize the Trainer to use ONLY techniques/equipment on my dog as specifically listed in the Training Plan.
<b>Yes</b>	<b>No</b>	I understand my right to terminate training at any time.
<b>Yes</b>	<b>No</b>	I understand the Training Plan may need to be changed depending on my dog’s reaction to specific training techniques/equipment.
<b>Yes</b>	<b>No</b>	I understand any change to the Training Plan should be in writing and signed by me.
<b>Yes</b>	<b>No</b>	I agree the Trainer may take custody of my dog and conduct training while I am separated from my dog.
<b>Yes</b>	<b>No</b>	I spoke with the Trainer about the preferred medical care and treatment of my dog in case of illness, injury, or death.
<b>Yes</b>	<b>No</b>	I spoke with the Trainer about whether the Dog Training Business is insured in case my dog becomes injured, ill, or dies while in the care of the Trainer and/or Dog Training Business.
<b>Yes</b>	<b>No</b>	I understand the Trainer may need to use physical force on my dog to protect the lives of people and other dogs if a safety issue arises while the dog is in the Trainer’s care.
<b>Yes</b>	<b>No</b>	Additional disclosures and/or conditions: (Please use this section to write in additional information if necessary.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Dog Owner**

\_\_\_\_\_  
**Dog’s Name**

\_\_\_\_\_  
**Printed Name of Legal Dog Owner**

*I certify that I have discussed all items above with the dog owner prior to providing the Dog Training services outlined in the attached Training Plan.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Dog Trainer**

\_\_\_\_\_  
**Employer/Dog Training Business  
(if applicable)**

\_\_\_\_\_  
**Printed Name of Dog Trainer**