Hillsborough County Florida
Code Enforcement

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.

Yes	No	The Trainer discussed with me his or her experience, credentials, training philosophy, and practices.
Yes	No	The Trainer provided me a written copy of my dog's Training Plan.
Yes	No	I was able to ask questions and provide input on my dog's Training Plan.
Yes	No	I understand there are a variety of dog training techniques/equipment used in dog training.
Yes	No	I understand the techniques/equipment used should consider my dog's size, age, health and breed.
Yes	No	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.
Yes	No	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).
Yes	No	I understand my right to refuse the Trainer's use of certain techniques/equipment on my dog.
Yes	No	I authorize the Trainer to use ONLY techniques/equipment on my dog as specifically listed in the Training Plan.
Yes	No	I understand my right to terminate training at any time.
Yes	No	I understand the Training Plan may need to be changed depending on my dog's reaction to specific training techniques/equipment.
Yes	No	I understand any change to the Training Plan should be in writing and signed by me.
Yes	No	I agree the Trainer may take custody of my dog and conduct training while I am separated from my dog.
Yes	No	I spoke with the Trainer about the preferred medical care and treatment of my dog in case of illness, injury, or death.
Yes	No	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.
Yes	No	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.
Yes	No	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

Code Enforcement, Animal Control Division
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HCFLGov.net/Code