



Rattlesnake Aversion Training by Natural Solutions

www.rattlesnakeaversion.com

Hosted by Sierra-Tuolumne Kennel Club

Dates: Friday, April 19, 2024 & Saturday, April 20, 2024

(new location NEAR Columbia College...address sent with confirmation)



Please indicate your preferred day below. Let us know if morning or afternoon is best for you. We will get as close to your preferred choice as possible. Please note: Morning time-slots fill quickly, so get your application in as soon as possible.

Training takes approximately 15 min per dog, and training will be held RAIN OR SHINE. All dogs should be at least 6 months of age so they are mature enough to make the correct association during training. To reserve a spot for your dog(s), please complete this form & send with payment to the address listed below.

****NOTE: Make check payable to "Natural Solutions".** Your check will be held and will not be cashed until after training has occurred.

OWNER INFORMATION

Your Name		
Email <small>(required)</small>	Phone#	
Address		
City	State	Zip

DOG INFORMATION

(please circle to indicate whether this will be each dog's first time going through Rattlesnake Aversion Training or a Re-Train)

Dog 1 Name	Breed	Age	New or Re-train
Dog 2 Name	Breed	Age	New or Re-train
Dog 3 Name	Breed	Age	New or Re-train
Dog 4 Name	Breed	Age	New or Re-train
Please name any: Behavior problems (i.e. Aggression towards people or animals, etc.) that may affect training			
Health problems (i.e. current meds, physical handicaps, recent surgery, etc.) that may be affected by training			

Cost: 1 dog \$80 2 dogs \$160 3 dogs \$240 4 or more dogs \$80 per dog

Please **CIRCLE** your preferred date below. Appointments are scheduled every 15 minutes so please indicate if you prefer morning or afternoon as well. Please let us know in the comments section if you need special consideration for your appointment time. **Important: approximately two weeks prior to training, you will be emailed a reminder of your scheduled assigned training date and time. Your appointment could be on the quarter or half hour.**

Friday, April 19th: Morning Afternoon Comments:

Saturday, April 20th Morning Afternoon Comments:

Make Check payable to "Natural Solutions". Mail form and check to:

STKC
PO BOX 22
Standard, CA 95373

****please DO NOT make checks payable to STKC**

Questions? Text or Call 209-401-8269

or email: STKcdogs@gmail.com

Training Information (Please circle Y or N; if different for each dog, please indicate):

Besides rattlesnake training, I have used an electronic training collar on my dog(s) before: Y N

If yes, for what purpose: BARKING RECALL OBEDIENCE HUNTING INVISIBLE FENCE
OTHER: _____

My dog(s) is accustomed to walking on a leash: Y N

My dog(s) has been through Rattlesnake Aversion Training: Y N

If yes, how long ago was last training? _____ By Whom: _____

If yes, how many times total? _____

My dog(s) has been inoculated with rattlesnake vaccine: Y N

If yes, how long ago? _____

Besides rattlesnake training, my dog(s) has come in contact with a rattlesnake: Y N ?

If yes, how long ago? _____

Was he/she/they bitten and envenomated? Y N

If yes, what treatments were given if any? _____

NATURAL SOLUTIONS SERVICES AGREEMENT

May I thank you for selecting me to provide animal management and training services for your pet. You have asked me to perform training with your pet named above for purposes of reducing the likelihood that your pet will purposely encounter and approach a venomous rattlesnake. This program is called Rattlesnake Aversion Training. I would like to define my scope of work, the costs, and some of the risks and limitations of this work before we proceed.

Scope of Work: It is anticipated that I will provide the services specified in this agreement with the pet(s) named above according to the following scope of work.

- 1) I will obtain a history of your pets age, health and behavior. Based upon the information provided to me in the Pet Health and History Questionnaire (above), I might ask need to ask you further follow up questions. Prior to commencement of this aversion training it is important that you advise me of any known health problems that might make this training ill advised. It is suggested that you have your pet examined by a licensed veterinarian before we begin this work to make sure that there are no health limitations that would make this training contraindicated.
- 2) I will provide the necessary training equipment for purposes of implementing the aversion training. This will include electric stimulus collars, leashes and liverattlesnakes.
- 3) Using this equipment I will train your pet named above in one session by use of behavioral aversive training techniques to have an aversive behavioral response to a rattlesnake. Any additional or reinforcement sessions are certainly recommended, but are beyond the scope of this agreement.
- 4) During this training I will advise you of and allow you to observe the outcome, and then counsel you regarding recommended follow up reinforcement training that would be advisable in the future.

Limitations and Risks

Before you agree to have me perform the scope of work outlined above, it is important that you understand the limitations and risks of this proposal, and that you give an informed consent.

- 1) All behavioral training techniques including the work defined in the above scope of work have limitations, including but not limited to the following major limitations.
 - a) There may still be a small risk that, after training, your pet will encounter and fail to avoid contact with a venomous reptile.
 - b) Behavioral training may lose effectiveness over time unless reinforced with further training sessions.
- 2) The specific technique I will use may have the following risks of harm to your pet.
 - a) The venomous reptiles I will use in this training will be muzzled. All precautions will be taken to ensure the safety of your pet, our trainers and the snakes. Although the risk is **VERY SMALL**, there is still a chance the snake can envenomate and can possibly inflict other injury to your pet.

Conclusion and Agreement to Provide Services

If the above scope of work meets with your approval in light of the limitations and risks involved, I will be very pleased to commence my work. Please then sign this services agreement below, and upon receipt of the fee for the costs and expenses I will commence the training.

Owner Print Name	Date
Owner Signature	