



**Letter of Agreement**

I, \_\_\_\_\_, agree that I will bring my dog(s) to Taurus Training as listed below:

Dog's Name:	Days of the Week:				
_____	m	t	w	t	f
_____	m	t	w	t	f
_____	m	t	w	t	f

For the period of one year starting \_\_\_\_\_ and ending \_\_\_\_\_.

**AUTOMATIC CREDIT CARD BILLING AUTHORIZATION**

I, \_\_\_\_\_, authorize Taurus Pet Services, Inc. to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_/month billed on the 1<sup>st</sup> / 15<sup>th</sup> of the month (circle one)\*

\*if you would like to add charges for additional services (walks, boarding, grooming, etc) to your monthly bill, please discuss this with a senior staff member

**Credit Card Information**

<b>FOR SECURITY REASONS, PLEASE FILL THIS PORTION OUT WITH A TAURUS SENIOR STAFF MEMBER</b>		
Cardholder's name: _____ (as it appears on the card)		
Credit card type: VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS		
Credit Card Number: _____		
Expiration date: ____/____	Security Code: _____	Cardholder's zip code: _____

I have read and understand the following policies:

- Changes to scheduled days can be made twice a year, based on availability.
- Make-up days can be made twice a month, based on availability.
- Days can be added at agreement rate, based on availability.
- Senior staff has discretion to cancel this agreement in the case of illness, injury, transfer, etc.
- A cancellation fee of \$100 will be charged to your card should you decide to end your relationship with Taurus before the end of this agreement.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email address (where you would like to receive invoices): \_\_\_\_\_

**AUTOMATIC CREDIT CARD BILLING AUTHORIZATION (FINAL FOUR DIGITS)**

Client's Name: \_\_\_\_\_

Amount: \$\_\_\_\_\_/month billed on the 1<sup>st</sup> / 15<sup>th</sup> of the month (circle one)

**Credit Card Information**

Cardholder's name: _____ (as it appears on the card)
Credit card type: VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS
Credit Card Number (LAST FOUR DIGITS ONLY): _____
Expiration date: ___/___      Security Code: _____      Cardholder's zip code: _____