



LETTER OF PAYMENT AGREEMENT

Name: _____

Contact number: _____

Address: _____

Email: _____

Dog's Name:	Days of the Week						
Dog 1: _____	s	m	t	w	t	f	s
Dog 2: _____	s	m	t	w	t	f	s
Dog 3: _____	s	m	t	w	t	f	s

I have read and understand the following:

Please initial

_____ I agree to bring my dog(s) weekly to Taurus Academy as listed above.

_____ Changes to my contracted day(s) of the week can be made, based on availability.

_____ Make-up days can be made within the billing cycle, based on availability.

_____ Additional play days at my agreement rate are possible, based on availability.

_____ Cancellations of this agreement is possible and membership will end at the end of the billing cycle of the 14th.

_____ I agree that I will be charged for any additional unpaid services provided at the time of my monthly payment.

Signature: _____ Date: ____ / ____ / ____