

Mario Schmidt

Certified Professional Dog Trainer Member IACP, NK9DTA Email: marlo@columbusk9.com

COURSE REGISTRATION

5119 Cemetery Road Hilliard, OH 43026 614-850-4659

Owner's Name:		
Address (Street, City, State, Zip):		
Phone Number: (Home)	(Cell)	(Work)
Email Address:		
Dog's Name:	Breed:	Sex: DOB:
Age Today:	Spayed/Neutered: Y N	If Yes, at what age?
How long have you owned your dog?		
Where did you purchase or get your de	og from?	At what age?
Veterinarian:	Phone:	Current on Vaccines? Y N
Does your dog have any health problems? Y N Explain:		
How did you hear about ColumbusK9?		
Have you taken classes previously with Columbus K9? Y N		
Course Name:	Things to know:	······································
Date/Time:	 Be sure to check class prerequisites before registering. If in doubt please call us. If this is your first time attending a Columbus K9 course please provide proof of vaccinations signed by your licensed veterinarian. (Bordetella is required!) Children working with dogs must be at least 12 years old and under adult supervision at all times. Please bring a leather or nylon leash with a buckle or training collar. (Provided in Basic Obed-II.) You may choose to use treats, a favorite toy, or plenty of praise with your dog. Prong/Pinch collars or E-collars may be used in class with permission of the Trainer only. If you are unsure as to which class will be best for you dog, please contact us before registering. Courses are subject to cancellation due to low enrollment numbers. Parking is also available and allowed on the street if the lot is close to full. Please leave a few spots open for the Vet's office as we both have to share the parking lot. Thank you. 	
Cost:		
(-discount*)		
\$ Amt Enclosed		
Please remit registration and payment to: Columbus K9 LLC 5119 Cemetery Rd		
Hilliard OH 43026	 At the discretion of Columbus K9 LLC, a do for inappropriate behavior. 	og/handler may be dismissed from class without refund
FOR OFFICE USE ONLY Funds Rcvd: Cash Check	Other Amt Paid:	Initials: Today's Date:
Vaccination Record Presented to: DHLP Parvo CV Bord Rabies		
Private Consultation? Date Class Start Date: Attendance: I / 2 / 3 / 4 / 5 / 6		



Marlo Schmidt

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5119 Cemetery Rd / Hilliard OH / 43026 614-850-GO-K9 Holly Jackson
Certified Professional Dog Trainer
Member IACP, NK9DTA
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Waiver of Claims, Assumption of Risk and Acceptance of Financial Responsibility Agreement

I (undersigned below) hereby acknowledge that I have voluntarily applied for dog owner/handler training offered by Columbus K9 LLC. I understand that classes offered by Columbus K9 LLC can expose participants (owner and dog) to certain related risks such as but not limited to; being bitten by a dog, scratched, knocked down, jumped on, frightened or otherwise injured by other dogs in class, or risks related to the premises or equipment used during class. I assume all such risks, both express and implied.

Columbus K9 LLC does not warrant the behavior or temperament or any of the dogs or owners participating in classes. By signing below I assume all risks and hereby release Columbus K9 LLC from all responsibility in case of injury, death, loss or damage to myself or my dog. Columbus K9 LLC will not be responsible for any negligence on my part and I will accept responsibility for my own actions as stated by Ohio laws.

Should it be necessary for Columbus K9 LLC to enforce this waiver agreement I will pay all fees or costs relating to such enforcement.

I also understand that by participating in these classes I am not guaranteed the performance or behavior of my dog(s) or other dogs in class under any circumstances, and information and instruction is provided strictly as guidelines as Columbus K9 LLC can not predict the behavior or obedience of my dog in the future.

I further agree to hold harmless Columbus K9 LLC from claims, suits, or any other such actions resulting from the damages, losses, injuries or death caused by my dog(s) or by me personally or my minor children.

Signed (Guardian's signature if under 18 years of age)	Date