

Mario Schmidt

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

DAYCARE

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

Owner's Name:		
Street Address, City, State, Zip:		
Phone Number: (Home)	(Cell)	(Work)
Email Address:		
Dog's Name:	Breed:	Sex:
Age Today:	Date of Birth:	Spayed/Neutered: Y N
How long have you owned your do	<u>;</u> ?	
Does your dog have any health prol	olems? Y N Explain:	
Veterinarian:	Phone:	Current on Vaccines? Y N
Has your dog attended a Daycare b	efore? Y N If YES, when/	where?
How did you hear about Columbus	<9?	
Has your dog ever showed aggression	on towards people or dogs? Y	N Has your dog ever bitten another dog/person Y N
PRICING Daycare: Full Day - \$22 (7am-6:30pm) 10Pk - \$195 (Any10 days) Half Day - \$14 (7am-12pm, 1pm-6pm) Date(s): Full/Half: Cost: (-discount) \$ Amt Enclosed Please remit registration, waiver and payment to: Columbus K9 LLC 5119 Cemetery Rd Hilliard OH 43026	If this is your first time attendir tions. (Bordetella, Rabies, a) Your dog should be on a preve Your dog should not show agg possessive. Any form of aggres Your dog should be wearing a of fit leash available. 24 hour notice is required to rown the Trainer's discretion, a dischard. If this is your dog's first time we minutes so that we may evaluate. We do offer a multi-dog discout the Bare in mind that small incident or reduce the possibility of block. Water is always available, treat.	ression towards people or other dogs, and should not be toy or food sion will not be tolerated, and your dog will not be allowed to return. quick release, buckle type collar with identification, and have a standard eceive a refund for the day(s). og may be dismissed from daycare without refund for inappropriate ith us, please be prepared to stay with your dog for the first 15+ te how your dog interacts with other dogs in daycare. Int of 25% off the fee of the 2nd dog. Its may occur during normal play activities such as scratches or nicks. The ming to daycare, we recommend feeding at least 1 hour before arriving
Funds Rcvd: Cash Check Amt Paid: Initials:		Today's Date:
Vaccination Record Presented to: Private Consultation Date	DHLP Parvo Notes:	CV Bord Rabies



Mario Schmidt Certified Professional Dog Trainer Member IACP, NK9DTA PH: 614-325-3461

PH: 614-325-3461 Email: marlo@columbusk9.com

Daycare Waiver of Liability

Holly Jackson
Certified Professional Dog Trainer
Member IACP, NK9DTA
PH: 614-579-1343
Email: holly@columbusk9.com

I (undersigned below) acknowledge that I have voluntarily applied for my dog(s) to attend Daycare offered by Columbus K9 LLC. I understand the Daycare offered by Columbus K9 LLC can expose my dog(s) and myself, 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 Daycare, or risks related to the premises or equipment used during Daycare. 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 Daycare. By signing below I assume all risks. I hearby 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 Daycare or a Day-Train Combo I am not guaranteed the performance or behavior of my dog(s) or other dogs in Daycare under any circumstances, information and instruction is provided strictly as guidelines and Columbus K9 LLC can not predict the behavior or obedience of my dog or any other 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