



Marlo Schmidt
Certified Professional Dog
Trainer Member IACP, NK9DTA
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Obedience & Behavior Training

5119 Cemetery Road
Hilliard OH 43026
614-850-4659

Stay & Train

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 dog? _____

Does your dog have any health problems? Y N Explain: _____

Veterinarian: _____ Phone: _____ Current on Vaccines? Y N

Has your dog attended a training classes before? Y N If YES, when/where? _____

How did you hear about ColumbusK9? _____

Has your dog ever showed aggression towards people or dogs? Y N Has your dog ever bitten another dog/person Y N

PRICING

\$600 - 3 Day Program

Dates: _____

Drop Off Time: _____

Pick Up Time: _____

Total Cost: _____

(-discount) _____

\$ Amt Enclosed _____

**Please remit registration,
waiver, and payment to:**
Columbus K9 LLC
5119 Cemetery Rd
Hilliard OH 43026

Things to know:

- Space is limited. Reservations are required with at least a 50% deposit required to hold your spot on our schedule.
- Drop Off and Pick Up times are approximately 8am - 4pm. These times are flexible and if needed other arrangements can be made. Please allow time for a follow-up training at the end of each day.
- Your dog must be at least 16 weeks of age, and spayed or neutered if over 6 months of age.
- If this is your first time attending a Columbus K9's program please provide proof of vaccinations. (**Bordetella, Rabies, and Distemper are required**).
- Your dog should be on a preventative flea program.
- Your dog should be wearing a quick release, buckle type collar with identification, and have a standard 5 ft leash available.
- Cancellation Policy: All reservations must be cancelled at least 7 days ahead of time to receive a complete refund for the day(s). Partial refunds (50%) will be given for less than 7 days notice.
- If you feed your dog before coming to Columbus K9, we recommend feeding at least 1 hour before arriving to reduce the possibility of bloat during active play.
- You may bring your own treats if you dog has allergies or digestive problems.
- Water is always available, treats available, love and attention is a constant.
- Please sign the attached Waiver.

FOR OFFICE USE ONLY

Funds Rcvd: Cash _____ Check _____ Other _____ Today's Date: _____

Amt Paid: _____ Initials: _____

Vaccination Record Presented to: _____ DHLP _____ Parvo _____ CV _____ Bord _____ Rabies _____

Private Consultation Date _____ Notes: _____

**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 or training 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 their own dog or other dogs in class, and/or risks related to the premises or equipment used during training. I assume all such risks, both expressed and implied.

Columbus K9 LLC does not warrant the behavior or temperament or any of the dogs or owners participating in training. 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 training I am not guaranteed the performance or behavior of my dog(s) or other dogs under any circumstances, and information and instruction that 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