



# COLUMBUS ALL BREED TRAINING CLUB

MAIL APPLICATION AND PAYMENT TO:  
CATC c/o Sue McCambridge  
6754 Rocky Den Road  
Reynoldsburg, Ohio 43068

MAKE CHECK OR MONEY  
ORDER PAYABLE TO:  
CATC

**PLEASE PRINT BELOW THEN SIGN AND DATE ON BACK**

NAME (One Handler Only) \_\_\_\_\_ AGE OF TRAINER IF UNDER 18 \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

Area Code

CITY \_\_\_\_\_, OH ZIP \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

Area Code

E-MAIL ADDRESS \_\_\_\_\_

(For CATC use ONLY. May we use your email to contact you about your class date and time?)

DOG'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BREED \_\_\_\_\_ APPROX. WEIGHT \_\_\_\_\_

WHERE DID YOU LEARN ABOUT OUR CLASSES? \_\_\_\_\_

CIRCLE THE CLASS YOU WISH TO ENTER:            OBEDIENCE            PUPPY 1

STARTING DATE \_\_\_\_\_ PREFERRED CLASS TIME:    7:00 p.m.    8:00 p.m.

(We will try to meet your preference but may not be able to due to dog size & class availability)

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We cannot make refunds under any circumstances after the Beginners orientation or Puppy Kindergarten first night.

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## WAIVER OF CLAIMS, ASSUMPTION OF RISK AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY AGREEMENT

I, the undersigned, hereby acknowledge that I have voluntarily applied for dog owner/handler training, or related services, conducted by the Columbus All Breed Training Club. I understand and recognize that the Columbus All Breed Training Club is an all volunteer club, non-profit community service organization of individual dog owners dedicated to helping other dog owners learn about responsible dog ownership and canine good citizenship through training their dogs. I further understand and recognize that the Columbus All Breed Training Club is not, and does not purport to be, an organization of "professional dog trainers", and that the instructors supplied are unpaid, volunteers, and are not professionals in the field of dog obedience training.

**I understand that participation in dog owner/handler training, or related classes, will necessarily expose the participants to certain risks.** I understand that the dogs participating in the classes are untrained dogs, or dogs whose training has not yet been completed, and that the Columbus All Breed Training Club **does not, and cannot, warrant the behavior or temperament of any dogs participating in such classes, nor can it warrant the behavior or experience level of the owners/handlers of such dogs.**

I fully understand that these risks include, but are not limited to, the following representative examples, which are not intended to be all inclusive: the risks of the owner/handler and dog being bitten, scratched, tripped, attacked, frightened, knocked down, or otherwise injured by other dogs in the classes, by the owner/handler's own dog, or by other participants in the classes; the risks of tripping over or sliding upon floor matting, dogs or dog training related objects, or slipping on any solid or liquid waste matter, or colliding with dogs, other human participants, dog training equipment or building parts, including but not limited to walls, doors, support beams, gates and/or fences. **In signing this document, the undersigned hereby acknowledges that I am fully aware that such risks exist, that such risks are an inherent part of dog owner/handler training or related classes. As a result thereof, I voluntarily, freely and knowingly assume all such risks, both express and implied, whether or not specifically enumerated above.**

*Continued on next page*

In partial consideration of the opportunity to participate in dog owner/handler training classes or any other Columbus All Breed Training Club sponsored activities or events, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns, will not initiate a claim or legal action against, or otherwise sue, or attach the property of, the Columbus All Breed Training Club or its officers, directors, instructors or members for any injuries, deaths, or property damage suffered as a result of participation in such classes, activities or events within the scope or the risks herewith voluntarily and knowingly assumed. This agreement includes, but is not limited to, my voluntary waiver of any and all claims, suits or causes of action based upon the afore-stated risks herein voluntarily assumed.

**Moreover, and furthermore, in partial consideration of the opportunity to participate in dog owner/handler training classes or other Columbus All Breed Training Club sponsored activities or events, I hereby release the Columbus All Breed Training Club, its officers, directors, instructors, and members, from all responsibility in case of injury, death, loss or damage to myself, my dog, or any property which may be incurred during, before after training sessions, or any other Columbus All Breed Training Club sponsored classes, events, activities, or any other functions, when caused by other class, activity, event or other function participants or by my dog. I will not hold the Columbus All Breed Training Club, its officers, directors, instructors, or members, legally or financially responsible in any such matter.** Further, in recognition of the all volunteer, non-profit amateur status of the Columbus All Breed Training Club, I hereby agree that I will not hold the Columbus All Breed Training Club to the same standard of care as may be required for professional dog trainers, or professional dog training facilities.

Should I personally, or my dog or dogs, or my minor children, be the cause of any injuries, death, loss or damage to persons attending, viewing or instructing the Columbus All Breed Training Club training sessions or any other Columbus All Breed Training Club sponsored activities or event, or to any property owned or leased by the Columbus All Breed Training Club, I will accept full responsibility under the laws of the State of Ohio, and shall promptly and fully compensate any and all victims of such injuries, deaths, losses or other damages to the full extent provided by the laws of the State of Ohio. **I further understand, that under no circumstances, will the Columbus All Breed Training Club, be legally responsible for any negligence on my part, and I hereby agree to fully indemnify and defend the Columbus All Breed Training Club, its officers, directors, instructors or members from any and all acts of negligence or intentional misconduct, on my part.**

**I further agree to save, defend and hold harmless the Columbus All Breed Training Club, its officers, directors, instructors and members, from any claims, suits or other actions resulting from the damages, losses, injuries or death, caused by my dogs or by me personally, or my minor children.** I further agree that should it be necessary for the Columbus All Breed Training Club, its officers, directors, instructors, or members to sue or to take other legal actions in order to enforce this agreement, that I will agree to pay all reasonable legal fees, court costs, and related costs necessitated by such enforcement action. It is my further understanding that this waiver of claims, assumption of risks and acceptance of financial responsibility agreement, shall be construed pursuant to the laws of the State of Ohio, and I hereby agree to be bound by its terms.

I further understand that these training classes do not guarantee the performance or behavior of the dogs under any circumstances, and they are offered strictly as guidelines to the owner/handler in order to provide a community service, for the better interests of dogs and dog owners alike.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
Trainer's Signature or Guardian's Signature if under 18 years of age

**NOTE: You will be charged a fee for returned checks.**

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Prong collars and Halter type collars may be used in class only with the permission of the Instructor

We cannot make refunds under any circumstances after the Beginners orientation or Puppy Kindergarten first night

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DO NOT WRITE BELOW THIS LINE - CLUB USE ONLY

VACCINATION HISTORY: YES / NO

RECEIVED BY: \_\_\_\_\_

NOTIFIED OF CLASS: \_\_\_/\_\_\_/\_\_\_

DATE PAYMENT RECEIVED: \_\_\_/\_\_\_/\_\_\_

AMOUNT RECEIVED: \$ \_\_\_\_\_

NOTES:

CASH \_\_\_\_\_ CHECK/MO \_\_\_\_\_

## ***CATC BEGINNING CLASS QUESTIONNAIRE***

*Please fill out and return with your application.*

1. How old is your dog or puppy? How long have you had him?
2. Where did you get your dog or puppy?
3. Is this your first dog or puppy?
4. Is your dog or puppy home alone during the day?
5. Are you using a crate or some other means of confinement?
6. Are you using a set feeding time or is it free choice?
7. Where does your dog or puppy sleep, i.e. which room?
8. Is your dog or puppy house broken?
9. Who is responsible for the primary care of your dog or puppy?
10. How many family members are with your dog or puppy on a daily basis?
11. Is this your first training class? What do you hope to accomplish by taking this class?
12. Please briefly list any specific problems you are having with your dog or puppy?

Owner \_\_\_\_\_ Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_

**COLUMBUS ALL-BREED TRAINING CLUB**

**VACCINATION HISTORY**

CATC must keep a vaccination record on file for your dog or puppy.  
*This form or similar form from your veterinarian's office must be received before your dog or puppy will be allowed in the building*  
You may bring the signed vaccination history with you on the first night of class.

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

<b>DOG VACCINATIONS: FOR BEGINNING OBEDIENCE CLASS</b>	<b>PUPPY VACCINATIONS: FOR PUPPY KINDERGARTEN CLASS</b>
Date Given: _____	Date Given: _____
<b>DA2P-P or DH-PP</b> _____ <b>REQUIRED</b>	<b>DA2P-P or DH-PP</b> 1 <sup>st</sup> _____ <b>REQUIRED</b>
	<b>REQUIRED</b> 2 <sup>nd</sup> _____
	3 <sup>rd</sup> _____
<b>BORDETELLA</b> _____ <b>REQUIRED</b>	<b>BORDETELLA</b> _____ <b>REQUIRED</b>
<b>RABIES</b> _____ <b>REQUIRED</b>	<b>RABIES</b> _____ (When recommended by Vet)
<b>RABIES TAG #</b> _____	<b>RABIES TAG #</b> _____

**PUPPIES ARE REQUIRED TO HAVE 1<sup>ST</sup> & 2<sup>ND</sup> DH-PP, AND BORDETELLA PRIOR TO THE START OF THE CLASS**

VETERINARY CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

VETERINARIAN'S SIGNATURE (**REQUIRED**) \_\_\_\_\_

DATE \_\_\_\_\_