

**THE MID-OHIO CHAPTER OWNER HANDLER ASSOCIATION OF AMERICA  
APPLICATION FOR TRAINING CLASSES AND RELEASE FORM**

DATE OF APPLICATION \_\_\_\_\_

Please fill out and mail with a check (made out to OHA) for \$80.00 and mail to:

Sandra Augustine Director of Training  
6300 Post Road  
Dublin OH 43017

Questions?? -Phone Sandra at 614-766-4136

E-Mail : [saugustine@columbus.rr.com](mailto:saugustine@columbus.rr.com)

PLEASE CHECK WHICH CLASS YOU WANT:

\_\_\_\_\_ CONFORMATION #1 (7:00 p.m.) *For experienced handlers and dogs*

\_\_\_\_\_ CONFORMATION #2 (8:00 p.m.) *For inexperienced handlers and puppies/inexperienced dogs*

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Best way to Contact: [ ] Email [ ] Phone

Breed \_\_\_\_\_ Call Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Registered Name \_\_\_\_\_

Color \_\_\_\_\_ Referred By \_\_\_\_\_

Vaccine History

RV \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_

Pre-registration is recommended as class size is limited and will be on a first-come first-serve basis. Payment must accompany pre-registration form. Course is 8 weeks in length and fee is \$80.00 (Puppy or Adult). Make checks payable to OHA.

I hereby make application for the purpose of entering the above named and described dog for training, and hereby agree to abide by the rules and regulations of the club; to faithfully carry out the recommendations of the Instructors and/or assistants, and to train the dog to the best of my ability each night. To attend the classes regularly; and to do whatever training is advised by the Instructor's and/or assistants. In consideration of the acceptance of the application and entering the dog in the classes I hereby agree to hold the Mid-Ohio Chapter of the Owner Handler Association of America, Inc. and its members, trustees, governors, officers, agents, superintendents, committees, instructors and assistants connected with the club, in whatever capacity not liable for (1) any loss or injury which may occur to any person or persons or things by biting by or any other act of said dog while in or on the premises or grounds, whatever or not and when the said dog is being delivered or removed or otherwise handled, and personally to assume full responsibility and liability therefore, and (2) The disappearance and/or loss by theft or otherwise and/or death of said dog named above, and/or damages and injury caused by negligence or carelessness of the said Club in any manner or by any other person(s) and/or by any other cause(s) directly or indirectly operating while such person(s) and/or dog(s) is or are on the Club premises.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I hereby state that I have been presented a copy of a vaccine history of the above dog and find him/her to be current in all immunizations required for a dog of its age.

Training Director \_\_\_\_\_ Date \_\_\_\_\_

Dates of Immunizations:

RV \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_

\*Notice for Mid Ohio Owner Handler Members from the Standing Rules: Must be a member for at least one year and have attended two (2) meetings to qualify for the discounted rate.