



# BON-CLYDE LEARNING CENTER

## BREED HANDLER CLASS APPLICATION

Date \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ CELL Phone \_\_\_\_\_ (Work) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

### BREED-HANDLER CLASS

**Class Meets: Tuesdays: 7:00-8:00 pm**  
**Classes are \$10.00 per session**

**Tuition is non refundable. Payment for any class entitles you to participate in that class only and is not transferable to any other class, either group or private. Female dogs in season are not allowed in classes - you may attend for class information.**

**Please make checks payable to:**

Bon-Clyde Learning Center, Inc. and mail to PO Box 2208, Sanford, NC 27331-2208. For more information, call 919-774-8861. Bon-Clyde is located at 3030 Lee Ave. Extension.

A health record, signed by your veterinarian, MUST be brought to class before dog is allowed to attend. No dog will be allowed in class without health record on file.

Please sign waiver on reverse side of application.



## **BON-CLYDE LEARNING CENTER, INC. WAIVER**

I understand that attendance at a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the BON-CLYDE LEARNING CENTER, INC., its employees and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of said dog, or any other dog, and I expressly assume the risk of any such damage or injury while attending any training session or other function of the center, or while on the training grounds or the surrounding area thereto.

In consideration of and as an inducement to the acceptance of my application for training attendance by my dog(s) and/or me at any other function at this center, I hereby agree to indemnify and hold harmless BON-CLYDE LEARNING CENTER, INC., its employees and agents from any and all claims by any member of my family or any other person accompanying me to any training session or function of the center or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own, or for any other reason.

**I understand that tuition paid for any class entitles me participation in that class only. I understand that tuition is not transferable to any other class, either group or private, and that tuition is not refundable. Female dogs in season are not allowed, owners may attend without dog for class information.**

\_\_\_\_\_(Seal)  
Signature of Owner or Authorized Agent  
(Parent/Guardian must sign for minors)

\_\_\_\_\_(Date)

Please answer the following questions.

1. What is the main goal you and your dog hope to achieve from desired class(es)?
2. Has your dog ever shown any aggressive behavior toward you, others or another dog? If YES, what were the circumstances?



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P.O. Box 2208 - Sanford, NC 27331-2208

## HEALTH RECORD

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Address \_\_\_\_\_ Breed \_\_\_\_\_

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

**PLEASE COMPLETE INFORMATION AND RETURN. NO DOG WILL BE ALLOWED IN CLASS WITHOUT A SIGNED HEALTH FORM.**

Health Record Information, please give both month and year.

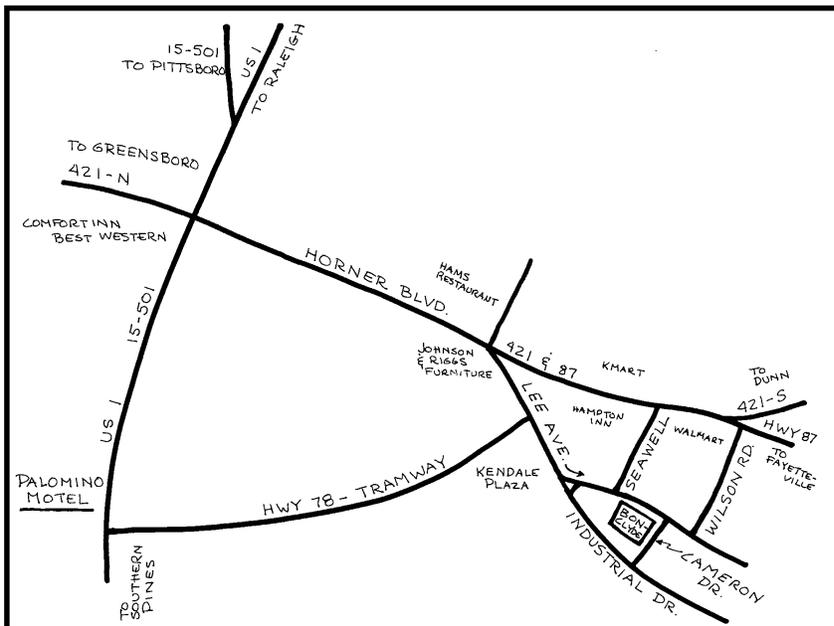
DHLPP \_\_\_\_\_ RABIES \_\_\_\_\_ KENNEL COUGH \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_



**For More Information,  
Write or Call:**  
  
**Bonnie Buchanan,  
P.O. Box 2208  
Sanford, NC  
27331-2208  
Phone 919-774-6794  
919-774-8861**