



BON-CLYDE LEARNING CENTER

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

bon-clyde@windstream.net www.bon-clyde.com

HEALTH FORM

Your Name _____ Dog's Name _____

Address _____ Breed _____

City/State/Zip _____ Phone _____

Current Class Dog Will Be Attending _____

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

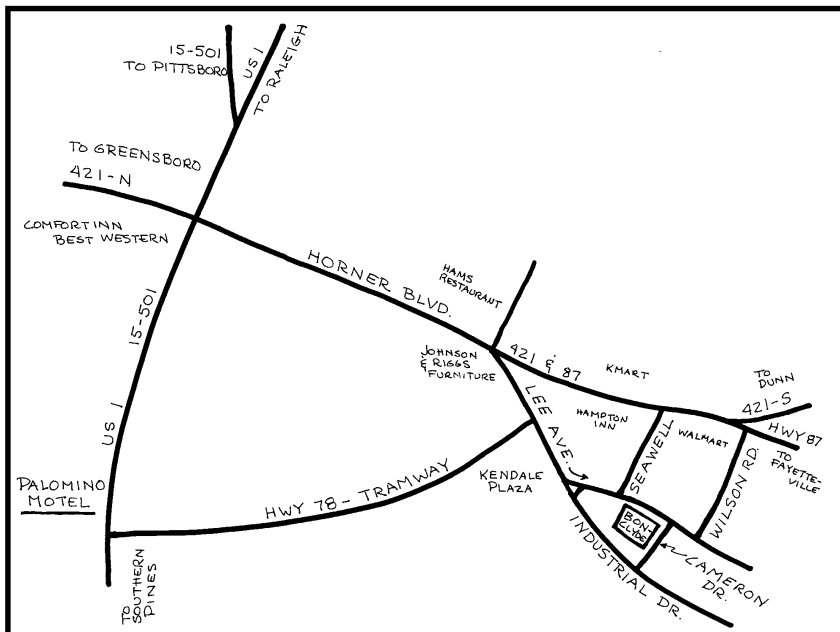
Health Record Information, please give both month and year.

DHLPP _____ RABIES _____ KENNEL COUGH _____

Additional Comments: _____

Veterinarian's Signature: _____

Clinic Name: _____ Office Phone: _____



**For More Information,
Write or Call:**

**Bon-Clyde Learning
Center
P.O. Box 2208
Sanford, NC
27331-2208**

919-770-4861

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