



BON-CLYDE LEARNING CENTER

INDEPENDENT WORK APPLICATION

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Work) _____

Dog's Name: _____ Breed _____ Age _____ Sex _____

Email address _____

INDEPENDENT WORK RULES

Independent Work Times:

Obedience: Wednesday 9:00am-11:00 am, Monday, 7:00pm-8:30pm
\$5.00 per visit or purchase a work card - \$25.00 for 6 visits

- ◆ All training must be fair and appropriate.
- ◆ Run-throughs and instruction may only be given by Bon-Clyde employees.
- ◆ A current health record **MUST** be filled out for each dog, and should be updated yearly.
- ◆ You must sign in before working your dog each visit. You may not take the floor until you have signed in and paid for Independent Work.
- ◆ Equipment moved for individual use should be returned to its original place before leaving.
 - ◆ Please be respectful and courteous to others who are working their dogs.
 - ◆ Dogs in season may not attend Independent Work.

I have read and understand the rules regarding Bon-Clyde Independent Work. I agree to abide by these rules and understand that Bon-Clyde reserves the right to excuse from the grounds any person or persons who are not abiding by the above rules.

Signed _____ Date _____

Printed Name _____



BON-CLYDE LEARNING CENTER, INC.

WAIVER

I understand that attendance at a dog event, match, show & go, trial, camp, or training classes 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.

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 event 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.

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

Print Name Signed Above

(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 towards you, others, or another dog? If so, what were the circumstances?



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.

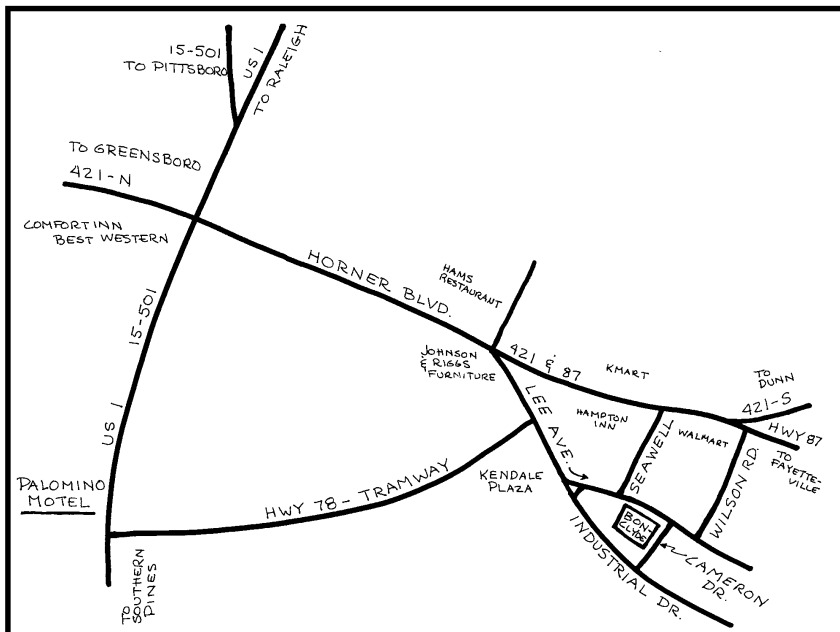
Health Record Information, please give both month and year.

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

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