



BON-CLYDE LEARNING CENTER

P.O. Box 2208 Sanford, NC 27331-2208
919-774-6794 919-774-8861 Fax: 919-775-2983
www.bon-clyde.com
bon-clyde@windstream.net

PRIVATE LESSON APPLICATION

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Work) _____

Email: _____

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

The charge for Private Lessons are: \$45.00 per hour, \$35.00 per 1/2 hour, and \$55.00 for an hour semi-private. To avoid being billed, please give at least 24 hour notice if you must cancel your appointment. Missed appointments, without notification, will be billed.

Please make checks payable to:

Bon-Clyde Learning Center, Inc. and mail to PO Box 2208, Sanford, NC 27331-2208. For more information, call 919-774-6794 or 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.

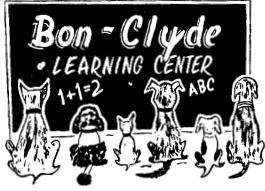
I understand that I should give, at least, a 24 hour notice if I must cancel my appointment. Missed appointments, without notification, will be billed. To avoid being billed, please call 919-774-6794.

_____(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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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.

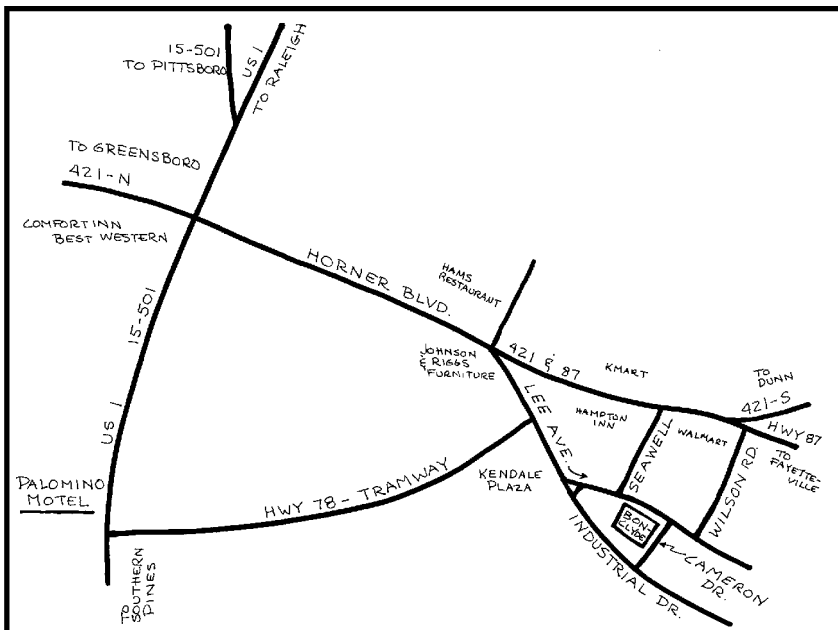
Health Record Information, please give both month and year.

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**