



# BON-CLYDE LEARNING CENTER

P.O. Box 2208 - Sanford, NC 27331-2208  
bon-clyde@windstream.net www.bon-clyde.com

## 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 HEATH FORM.**

Health Record Information, please give both month and year.

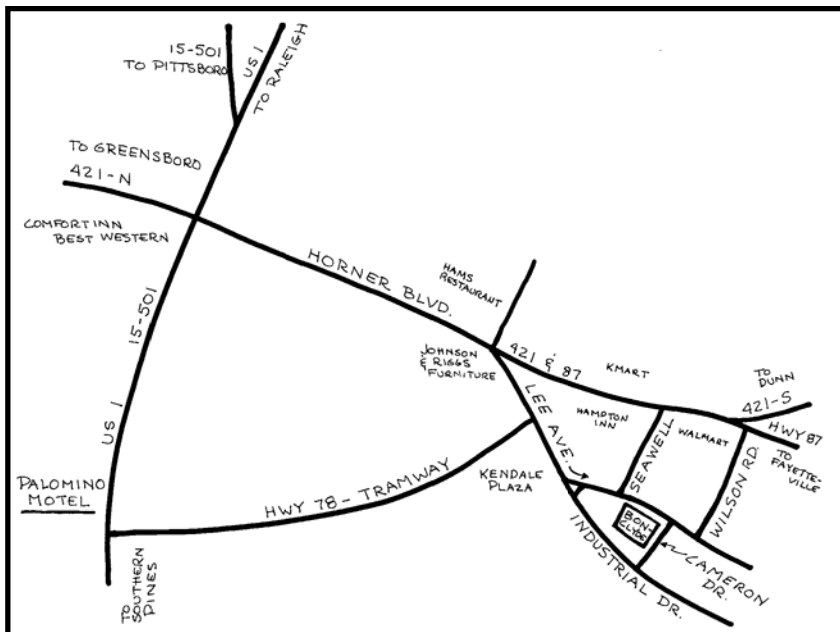
DHLPP \_\_\_\_\_ RABIES \_\_\_\_\_ KENNEL COUGH \_\_\_\_\_

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**

**919-774-8861**

**Fax: 919-775-2983  
bon-clyde@windstream.net  
www.bon-clyde.com**