



# BON-CLYDE LEARNING CENTER

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

(919) 770-4861

## HEALTH RECORD FORM

Please print legibly; fill in your dog's health information below and bring this completed form with you to the first class. **No dog will be permitted in class without an up to date health form.** If you have multiple dogs enrolled in classes, please fill out one form per dog.

Handler's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (mobile preferred): \_\_\_\_\_

This is my (check one):  Mobile  Home  Work

Today's date: \_\_\_\_\_

Dog's Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Rabies Vaccination	
Date of last Rabies vaccination:	Rabies vaccination expires:
DHPP/DHLPP Vaccination	
Date of last DHPP/DHLPP vaccination:	DHPP/DHLPP vaccination expires:
Date of last titer:	Titer expires one year from last titer date. Please perform a new titer test and provide results for your dog if it is more than one year since your dog's last titer.
Kennel Cough (Bordetella) Vaccination	
Date of last Kennel Cough (Bordetella) vaccination:	Kennel Cough (Bordetella) vaccination expires:

Your Veterinarian's Name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Additional health information (e.g. info on canine influenza vaccine, special needs for your dog, etc.):

\_\_\_\_\_

NOTE: A copy of your dog's health record from your veterinarian may be submitted in lieu of this form, provided it includes the necessary vaccination information indicated above.