

Glenview Park District Community Bark West Dog Park Veterinarian Verification Form

PLEASE PRINT ONE COPY PER DOG

Veterinarian's Name: _____

Address: _____

City: _____ Phone: _____

Dog Information: Name: _____ Breed: _____ Male: ___ Female: ___

Owner's Name: _____

Email address: _____

- I verify that the above-mentioned dog has current vaccinations for:
 - Rabies, Distemper, Hepatitis, Para Influenza, Parvovirus, **Leptospirosis** and Bordetella. (kennel cough)Rabies Tag # _____ Date: _____
- I verify that the above mentioned dog has passed a stool sample test for internal parasites within the past 6 months.
- I verify that the above mentioned dog is in compliance with rabies vaccination requirements of the Illinois Animal Control Act.

Veterinarian Signature

Date



Dogs are not our whole life, but they make our lives whole. ~Roger Caras