

GLENVIEW PARK DISTRICT
COMMUNITY BARK WEST
VETERINARIAN VERIFICATION FORM

PLEASE PRINT ONE COPY PER DOG

Veterinarian's Name: _____

Owner's Name: _____

Owner's Address: _____

City: _____ Phone: _____

Email address: _____

Dog Name: _____ Breed: _____ Male: _____ Female: _____

- 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 six months.
- I verify that the above mentioned dog is in compliance with rabies vaccination requirements of the Illinois Animal Control Act.

Veterinarian Signature

Date