



Glenview Park District Veterinarian Verification Form

Submit this form with your Dog Park Application Packet to apply for a membership.
This form is to ensure all vaccinations, AND 6-month fecal exam, are current. It must be completed and signed by your pet's doctor and submitted for membership within one month of the exam. If the veterinarian form is older than one month, an itemized vet invoice with the expiration dates is required.

Dog Owner			
Last Name		First Name	

Dog Information				
	Name	Breed	Color	Sex (M/F)
1				
2				
3				
4				

Veterinarian Information	
Name of Facility	Name (Printed)
Address	City

To be completed by Veterinarian	
<p>I verify the above dogs have:</p> <ul style="list-style-type: none"> ✓ Current vaccinations for: Bordetella, Distemper, Leptospirosis, Para Influenza, Hepatitis, Parvovirus and Rabies ✓ Passed a stool sample for internal parasites within the past 6 months - (mm/dd/yy) ____/____/____ ✓ Met the rabies vaccination requirements of the Illinois Control act ✓ Rabies expiration date (mm/dd/yy): <p style="margin-top: 10px;">Dog 1: ____/____/____ Dog 2: ____/____/____ Dog 3: ____/____/____ Dog 4: ____/____/____</p> <p style="margin-top: 20px;">_____</p> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Veterinarian Signature Date (mm/dd/yy) </div>	