



For Office Use Only				
Dog Park Member ID#				

Northbrook Dog Park Veterinarian Verification Form

Submit this completed form with a Dog Park Application to apply for membership.
Visit nbparks.org and click on Dog Park for more information.

Dog Owner			
Last Name		First Name	

Dog Information				
	Name	Breed	Color	Sex
1				<input type="checkbox"/> M <input type="checkbox"/> F
2				<input type="checkbox"/> M <input type="checkbox"/> F
3				<input type="checkbox"/> M <input type="checkbox"/> F

Veterinarian	
Name of Facility	Name (Printed)
Address	City

To be filled out by veterinarian	
<p>I verify that the above listed dogs have:</p> <p>Current vaccinations for: Bordetella, Distemper, Hepatitis, Leptospirosis, Para Influenza, Parvovirus and Rabies</p> <p>Passed a stool sample test for internal parasites within the past year</p> <p>Met the rabies vaccination requirements of the Illinois Animal Control Act</p> <p>Rabies expiration date (MM/DD/YY):</p> <p>Dog 1: ____/____/____ Dog 2: ____/____/____ Dog 3: ____/____/____</p> <p>_____ /_____/_____ </p> <p style="text-align: center;">Veterinarian Signature MM/DD/YY</p>	