



VETERINARIAN FORM FOR OFF-LEASH DOG AREAS

PERMITS ARE VALID OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

Name of Applicant/Owner: _____

Phone #: _____

The following must be completed by a licensed veterinarian. Fecal test(s) must be completed within 120 days of applying for permit. Although not required, the District strongly recommends the Canine Influenza vaccination.

| Name of Dog 1 | | Breed | | | | Rabies Tag # | |
|---|--|---|--|---|--|--|--|
| List dates of vaccinations for Dog 1 below | | | | | | | |
| Distemper | Hepatitis | Parvovirus | Leptospirosis | Bordetella | Parainfluenza | Rabies | Canine Influenza <i>(If applicable)</i> |
| ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> |
| Fecal Test Result/Date: | | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | Date of Result: ____/____/____ <small>Month Day Year</small> | | | |

| Name of Dog 2 | | Breed | | | | Rabies Tag # | |
|---|--|---|--|---|--|--|--|
| List dates of vaccinations for Dog 2 below | | | | | | | |
| Distemper | Hepatitis | Parvovirus | Leptospirosis | Bordetella | Parainfluenza | Rabies | Canine Influenza <i>(If applicable)</i> |
| ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> |
| Fecal Test Result/Date: | | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | Date of Result: ____/____/____ <small>Month Day Year</small> | | | |

| Name of Dog 3 | | Breed | | | | Rabies Tag # | |
|---|--|---|--|---|--|--|--|
| List dates of vaccinations for Dog 3 below | | | | | | | |
| Distemper | Hepatitis | Parvovirus | Leptospirosis | Bordetella | Parainfluenza | Rabies | Canine Influenza <i>(If applicable)</i> |
| ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> | <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr. ____/____ <small>Month Year</small> | ____/____ <small>Month Year</small> |
| Fecal Test Result/Date: | | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | Date of Result: ____/____/____ <small>Month Day Year</small> | | | |

| Veterinarian Information: | | |
|--|-----------------|------------------------------------|
| Name of Licensed Veterinarian (please print): _____ | | |
| Street Address: _____ | | City: _____ |
| State: _____ | Zip Code: _____ | Phone: _____ |
| <i>At the time of examination for the dog(s) listed above, the dog(s) appears free of all communicable diseases (examination date must be within (1) year of applying for permit.</i> | | |
| Veterinarian Signature: _____ | | Veterinarian License Number: _____ |
| Veterinarian Address Stamp (if applicable): _____ | | |