



VETERINARIAN FORM FOR OFF-LEASH DOG AREAS
 PERMITS ARE VALID OCTOBER 1 THROUGH SEPTEMBER 30 OF THE FOLLOWING YEAR

Name of Applicant/Owner: _____ Phone #: _____

The following must be completed by a licensed veterinarian. Although, not required, the District strongly recommends the Canine Influenza vaccination. Submit completed forms via email, fax or USPS mail.

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):							
Name of Dog 1		Breed/Type of Mix				Rabies Tag #	
<i>List dates of vaccination below for Dog 1 below</i>							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.
Fecal Test Result Date (must be within 120 days of submission): <input type="checkbox"/> Negative <input type="checkbox"/> Positive						Date of Result: ___/___/___ Mo. Day Yr.	
Name of Dog 2		Breed/Type of Mix				Rabies Tag #	
<i>List dates of vaccination below for Dog 1 below</i>							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.
Fecal Test Result Date (must be within 120 days of submission): <input type="checkbox"/> Negative <input type="checkbox"/> Positive						Date of Result: ___/___/___ Mo. Day Yr.	
Name of Dog 3		Breed/Type of Mix				Rabies Tag #	
<i>List dates of vaccination below for Dog 1 below</i>							
Distemper	Hepatitis	Parvovirus	Leptospirosis	Bordetella	Parainfluenza	Rabies <input type="checkbox"/> 1 yr. OR <input type="checkbox"/> 3 yr.	Canine Influenza <i>(if applicable)</i>
___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.	___/___ Mo. Yr.
Fecal Test Result Date (must be within 120 days of submission): <input type="checkbox"/> Negative <input type="checkbox"/> Positive						Date of Result: ___/___/___ Mo. Day Yr.	