

## **BECK LAKE & BREMEN GROVE OFF-LEASH DOG AREAS**



General Headquarters: 536 N. Harlem Avenue, River Forest, IL 60305/ 800-870-3666

Arnold Randall, General Superintendent

## **VETERINARIAN'S HEALTH REPORT**

Ap	plicant:				
Do	ogs Name: _				
Vaccine	Immunization Dates				Veterinarian
	1yr	3yr	Tite		
Distemper					
Hepatitis					
Parvovirus					
Leptospirosis					
Rabies					
Bordetella*					
*Given the number of dogs who will be socializing at the off-leash dog areas, a Bordetella (kennel cough) vaccination is required.					
<b>Required:</b> A fecal sample must be completed within 120 days of applying for permit. Results should be indicated below.					
Fecal Sample Date	Results			Sig	gnature of Veterinarian
	Positive 🗌	☐ Negative ☐			
<b>Suggested</b> : Given that you will be in the woods, we strongly recommend that you treat your dog with some form of tick prevention (Example: Frontline).					
At the time of examination, the dog appears free of communicable diseases (examination date must be within (1) one year of applying for permit).					
Please print:					
Name of Licensed Veterinarian:					
Street Address:					

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_