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

Applicant: _____

Dogs Name: _____

Vaccine	Immunization Dates			Veterinarian
	1yr	3yr	Titer	
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.

Required: A fecal sample must be completed within 120 days of applying for permit. Results should be indicated below.

Fecal Sample Date	Results		Signature of Veterinarian
	Positive ☐	Negative ☐	

Suggested: 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: _____

Phone: _____ Date: _____