

# CANINE COMMONS

## Vet Check List (To be filled out by vet)

Pet owner name: \_\_\_\_\_

Pet owner address: \_\_\_\_\_

Pet owner phone & email: \_\_\_\_\_

Pet name: \_\_\_\_\_

\*\*\*Veterinarian Name: \_\_\_\_\_

\*\*\*Veterinarian address & phone: \_\_\_\_\_

\*\*\*Veterinarian signature: \_\_\_\_\_

The following vaccinations are required to purchase a MPPD Canine Commons dog park membership. Please provide the most current information for the above named dog. One form per dog please.

Vaccination	Vaccination Date	Expires
Distemper		
Hepatitis		
Parvovirus		
Leptospirosis		
Rabies		
Fecal Test		

\*\*\***Veterinarian Stamp:**

Mt. Prospect Park District residents and MPPD partners may fax or bring completed vet check list to:

**Central Community Center**

1000 W. Central Rd., Mount Prospect, phone: 847-255-5380, fax: 847-255-1438