VETERINARIAN FORM

Name of Applicant/Owner:________________________________

Phone #: ___________________________

The following must be completed by a licensed veterinarian. Fecal test(s) must be completed with 120 days of applying for permit. Although not required, the Township strongly recommends the canine influenza vaccination. Spaying/Neutering is required (proof must be enclosed). Certified blood titers that show that the dog is protected against Parvovirus and Distemper will be accepted (proof must be enclosed).

DOG 1 – INFORMATION							
Name:			Breed:			Rabies Tag #:	
Distemper ☐ 1 yr. OR ☐3 yr.	Hepatitis ☐ 1 yr. OR ☐3 yr	Parvovirus ☐ 1 yr. OR ☐3 yr	Leptospirosis ☐ 1 yr. OR ☐3 yr.	Bordetella ☐ 1 yr. OR ☐3 yr.	Parainfluenza ☐ 1 yr. OR ☐3 yr.	Rabies ☐ 1 yr. OR ☐3 yr.	Canine Influenza *(if applicable)*
___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.
FECAL TEST RESULT: ☐ **Negative** ☐ **Positive Date of Result**:____/____/ ____							
DOG 2 – INFORMATION							
Name:			Breed:			Rabies Tag #:	
Distemper ☐ 1 yr. OR ☐3 yr.	Hepatitis ☐ 1 yr. OR ☐3 yr	Parvovirus ☐ 1 yr. OR ☐3 yr	Leptospirosis ☐ 1 yr. OR ☐3 yr.	Bordetella ☐ 1 yr. OR ☐3 yr.	Parainfluenza ☐ 1 yr. OR ☐3 yr.	Rabies ☐ 1 yr. OR ☐3 yr.	Canine Influenza *(if applicable)*
___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.	___/____ Mo. Yr.
FECAL TEST RESULT: ☐ **Negative** ☐ **Positive Date of Result**:____/____/ ____							

VETERINARIAN INFORMATION			
Name of Licensed Veterinarian (please print):			
Street Address:			
City	State:	Zip Code:	Phone:

At the time of examination for the dog(s) listed below, the dog(s) appears free of all communicable diseases (examination date must be within (1) year of applying for permit).

Veterinarian Signature: ____________________________________ Veterinarian License Number: __________________________

Veterinarian Address Stamp (if applicable):