



PAWS Bark Park Club Health Report

Please return COMPLETED Health Report, Bark Park Club Application, and Liability Waiver forms to the registration Counter at the PAWS Pet Adoption Center. Application forms without COMPLETED Health Reports will not be processed.

Dog owners are responsible for keeping their dog(s) current on Health Report items and dog license throughout the duration of their membership in PAWS Bark Park Club.



Name of 3rd Dog: _____
Breed: _____

Name of 4th Dog: _____
Breed: _____

1. Required Vaccinations:
A. Rabies
Vaccination Date: _____
County: _____

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Vaccination Date: _____
County: _____

1 year or 3 year (circle one)

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B. DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus)
Vaccination Date: _____

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Vaccination Date: _____

C. Bordetella (Kennel Cough)

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Strongly Urged:

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D. Leptospirosis
Vaccination Date: _____

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Vaccination Date: _____

2. Stool Sample (for parasites) Check:

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**MUST BE COMPLETED WITHIN 120 DAYS
PRIOR TO APPLICATION DATE**

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Date: _____
Results (check one): ___ Positive ___ Negative

Date: _____
Results (check one): ___ Positive ___ Negative

MUST BE NEGATIVE TO APPROVE APP

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Required

To be signed by dog(s) licensed veterinarian

I hereby certify that the above named dog(s) have met all of the Health Report requirements for admission into the PAWS Bark Park Club.

Signature/Date

Printed Name

Name of Veterinary Office//Clinic

Office/Clinic Phone Number

Pet Adoption and Welfare Society of Carteret
6/10/10
dy