

# \*To Be Completed By Veterinarian



## 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 1st Dog: \_\_\_\_\_  
Breed: \_\_\_\_\_

1. **Required Vaccinations:**

A. Rabies  
Vaccination Date: \_\_\_\_\_  
County: \_\_\_\_\_

1 year or 3 year (circle one)

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

C. Bordetella (Kennel Cough)  
Vaccination Date: \_\_\_\_\_

D. Canine Influenza  
Vaccination 1st: \_\_\_\_\_  
Vaccination 2nd: \_\_\_\_\_ (required)

**Strongly Urged:**

E. Leptospirosis  
Vaccination Date: \_\_\_\_\_

2. Stool Sample (for parasites) Required:

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

Date: \_\_\_\_\_  
Results (check one): \_\_\_ Positive \_\_\_ Negative

Name of 2nd Dog: \_\_\_\_\_  
Breed: \_\_\_\_\_

1. **Required Vaccinations:**

A. Rabies  
Vaccination Date: \_\_\_\_\_  
County: \_\_\_\_\_

1 year or 3 year (circle one)

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

C. Bordetella (Kennel Cough)  
Vaccination Date: \_\_\_\_\_

D. Canine Influenza  
Vaccination 1st: \_\_\_\_\_  
Vaccination 2nd: \_\_\_\_\_ (required)

**Strongly Urged:**

E. Leptospirosis  
Vaccination Date: \_\_\_\_\_

2. Stool Sample (for parasites) Required:

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

Date: \_\_\_\_\_  
Results (check one): \_\_\_ Positive \_\_\_ Negative

**MUST BE NEGATIVE TO APPROVE APP**

**\*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

6/15/17

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