



GLENBARD ALL BREED OBEDIENCE CLUB CERTIFICATE OF HEALTH

NAME OF OWNER _____ Date _____

OWNER PHONE # _____

OWNER ADDRESS _____

NAME OF DOG _____ DOB _____

BREED OF DOG _____ CLASS _____

NAME OF VETERINARIAN _____

VETERINARIAN ADDRESS _____

PLEASE INDICATE DATES FOR THE FOLLOWING:

RABIES _____

DHLPP/CPV _____

NEGATIVE STOOL _____

VACCINATIONS ARE AGE APPROPRIATE

I have examined _____, and found this dog to be in good health, free from any communicable disease/parasites, and up to date on age-appropriate immunizations.

Signature of Veterinarian _____ Date _____

NO DOG WILL BE ALLOWED TO PARTICIPATE IN CLASS until this form has been completed and signed by your Veterinarian AND received by the GABOC Registrar. This form can be emailed by taking a photo of it or scanning it and sending either of these as an attachment. GABOC no longer accepts paper copies.