



Glass City Dog Park Medical History Information



Dog owners, please complete the owner information section only.

Veterinary professionals, please complete the dog information, vaccination history veterinary hospital information and signature sections. Please return this form via postal mail to the address listed below, scan and email to membership@glasscitydogpark.org or fax to 419-754-2670.

Please complete a separate medical history information form for each dog.

Owner Information

Name(s)			
Mailing Address	City	State	Zip
Daytime Phone	Evening Phone		

Dog Information

Name	Breed	Gender	Weight
Color	Birthdate	Age	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

Vaccination History

Rabies		DHPP		Bordetella	
Date Given	Expires	Date Given	Expires	Date Given	Expires
Leptospirosis					
Date Given	Expires	Additional observations or notes (optional)			

Veterinary Hospital Information

Name(s)			
Address	City	State	Zip
Veterinarian Name	Phone	Email Address	

I hereby certify that the information listed above is accurate to the best of my knowledge.

Veterinarian Signature _____

Date _____