



**GLENBARD ALL BREED OBEDIENCE CLUB**

**CERTIFICATE OF HEALTH**

NAME OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF DOG \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BREED OF DOG \_\_\_\_\_ CLASS \_\_\_\_\_

NAME OF VETERINARIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please indicate dates for the following:

Rabies \_\_\_\_\_

DHLPP/CPV \_\_\_\_\_

Negative stool \_\_\_\_\_

I have examined \_\_\_\_\_, and found this dog to be in good health, free from any communicable diseases/parasites, and up to date on age- appropriate immunization.

\_\_\_\_\_  
Signature of Veterinarian Date

Please mail this form with your application to: Chuck Holtzen  
5226 Carpenter St.  
Downers Grove, IL 60515

or bring it with you on the first night of class. **No dog will be allowed to participate in class** until this form has been completed by your veterinarian and received by GABOC.