



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: Pat Senne
1N515 Center Ave West
Chicago, IL 60185

or email to gabocregistrar@gmail.com 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.