



Conneaut Lake Bark Park, Inc.
 12810 Foust Road
 Conneaut Lake, PA 16316
 814-382-2267 / 814-382-2478
 www.conneautlakebarkpark.com

HEALTH AGREEMENT FORM

 Owner's Last Name

 Pet's Name

 Pet ID: License, Microchip

Bark Park clients use veterinarians from different clinics, counties and states. We ask that a veterinarian note the due date for each test or vaccination we require or recommend for membership as indicated below:

REQUIRED TESTS	DATE DUE
ANNUAL FECAL EXAM	

RECOMMENDED VACCINES	DATE DUE
Lyme	

REQUIRED VACCINES	DATE DUE
Rabies	
Parvovirus	
Canine Distemper	
Leptospirosis	
Canine Adenovirus	
Bordatella	

OTHER	DATE DUE

VETERINARIAN'S ACKNOWLEDGEMENT:

I, _____ have recommended the pet named above receive the vaccinations and tests indicated.

 Veterinarian - Signature

DATE: _____

 Veterinarian Office

PET OWNER'S AGREEMENT:

I, _____ agree to the above requirements and will monitor the wellness of my pet. I agree not to bring my pet to the Bark Park if there are signs of illness (coughing, vomiting, diarrhea or lethargy).

 Owner - Signature

DATE: _____