



## Parks & Recreation Department

Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • [www.romeoville.org](http://www.romeoville.org)

Please submit the below Vaccination Record, completed and signed by your vet, listing the expiration dates of all county required vaccinations and tests. Currently, the only vaccination required to obtain a membership is a rabies vaccine. We highly encourage the use of our Vaccination Record Form. Medical records from vets may list combination vaccination but may not provide details as to which vaccinations are covered in that combination. Using our form it ensures your vet is providing the required vaccinations. Separate vaccination records are required for each dog on your membership.

**It is your responsibility to provide updated records to the Romeoville Recreation Department as your dog's vaccinations are updated throughout each year.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_

Required Vaccinations	Expiration Date	Notes
Rabies		Rabies Tag #:
<b>Recommended Vaccinations</b>		
Distemper		
Para Influenza		
Hepatitis		
Parvovirus		
Bordetella/Kennel Cough		
Leptospirosis		
Test for Internal Parasites		
Date of Last Exam:		

Veterinarian Name/Clinic: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_