

N.O.C.I. HEALTH STATEMENT

Owner's Name: _____

Dog's Name	Rabies Cert/Tag Number	Vaccination Year	Duration 1 yr or 3 yr	County

I hereby swear attest and affirm that this dog is currently inoculated against Rabies, DHLPP and all other diseases as required by local law. I further state that this dog is free from fleas, worms and communicable parasites, and that I will refrain from bringing the dog to the club if such is contracted.

I understand that a signed, completed health statement for each dog being trained at NOCI is a condition of ongoing membership in NOCI, that my membership and/or membership renewal will not be accepted by NOCI without an accompanying signed, completed health statement for each dog being trained at NOCI, and that no dog will be allowed on the NOCI training hall premises without having a signed, completed health statement on file with the treasurer of NOCI for the current year.

Owner's Signature _____ Date _____