



Kamp Kanine
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Veterinary Health Form

To Client: *Please give this form to your vet at the time of visit. Your vet must complete and sign this form.*

To ensure the health and safety of our kampers, we require verification that all vaccinations are current. **We DO accept titers (except for rabies).** Submit this COMPLETED form with your completed daycare agreement or whenever vaccinations are updated. Kamp Kanine will be unable to process your application without current veterinary and vaccination information. Client accounts are subject to a monthly account maintenance fee of \$25.00, and possible suspension of daycare services, if vaccination or titers expire and remain delinquent for 30 days or longer. If you have more than one dog enrolled at kamp, each dog will need a separate form.

Name of Owner: _____ Last Name: _____

Name of Dog: _____ Breed: _____ Altered? (circle one) Y / N

Veterinarian Information:

Name of Hospital: _____ Name of Vet _____

City: _____ Phone: (____) _____ Fax: (____) _____

Vaccinations:

To Vet: *Please provide information for any vaccines administered. Our requirements are listed below.*

Rabies – 1 or 3 year

DAP or DHPP – 1 year, 2 year or 3 year (Or vet recommendations)

Bordetella Vaccine – 6 months or 1 year

Centrifugal Fecal Float – required annually

Please attach copy of current vaccine records including fecal results.

| Vaccine | Date Given | Expiration Date |
|-------------------------|------------|-----------------|
| Rabies (1yr) (3yr) | | |
| Distemper | | |
| Hepatitis or Adenovirus | | |
| Parvovirus | | |
| Bordetella | | |
| Centrifugal flotation* | | Result: |

*** Centrifugal Float Test must be done, with a negative result, no more than 30 days prior to first day.**

Dog must be on flea and tick prevention. Please list: _____

I hereby certify that the dog named above is under my care and has received all of the above treatments.

Veterinarian Signature: _____ Date: _____