



Kamp Kanine
 389 Requeza St.
 Encinitas, CA 92024
 Office: 760-207-KAMP (5267)
 Fax: 760-436-3011
www.kamp-kanine.com
kampkanine@yahoo.com

Veterinary Health Form

To Client:

Please give this form to your veterinarian office to be filled out by an employee or representative of your veterinarian. 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 anytime 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 Kanine, each dog will need a separate form.

Name of Owner: _____ Last Name: _____

Name of Dog: _____ Breed: _____

Dog's Date of Birth: _____ (circle one) Unaltered / Spayed / Neutered

Veterinarian Information

Name of Veterinarian Office: _____ Name of Vet _____

Phone: (____) _____ Email: _____

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 years or 3 years (or vet recommendation)
- Bordetella Vaccine – 6 months or 1 year
- Centrifugal Fecal Float – as required by veterinarian

VACCINE	EXPIRATION DATE
RABIES	
DISTEMPER	
HEPATITIS/ADENOVIRUS	
PARVOVIRUS	
BORDATELLA	
OTHER:	

TEST	DATE OF LAST RESULT
CENTRIFUGAL FLOAT WITH <i>NEGATIVE</i> RESULT	

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

Veterinarian Employee/Representative: _____ Date: _____