



Kamp Kanine  
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## Veterinary Health Form

**To Client:**

*Please give/forward 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 or you can request we contact your veterinarian for you. If you have more than one dog enrolled at Kamp Kanine, each dog will need a separate form. Please update us with this form when new vaccination or test details become available.

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

Negative parasite test for the fecal matter – as required by veterinarian

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

	DATE OF LAST RESULT
NEGATIVE PARASITE TEST FOR THE FECAL MATTER	

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

Veterinarian Employee/Representative: \_\_\_\_\_ Date: \_\_\_\_\_