



Your Name: _____

Dog Name(s): _____

VETERINARIAN'S REPORT

In order for camp to insure the health of our dogs while at camp, please provide the following records upon your arrival, at registration. Dogs may NOT participate in the program unless verifiable proof of the below required vaccinations and a negative fecal sample are provided.

VACCINATIONS (REQUIRED)

Either bring a copy of your recent vet records or have vet sign this section:

1. Rabies Vaccination Date: _____ Rabies Vaccination Expiration: _____

2. DHLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus) Vaccination Date: _____

Signature of Licensed Veterinarian: _____ Date: _____

Veterinarian's Name and Office Phone Number: _____

FECAL SAMPLE (REQUIRED)

A fecal sample must be completed within 45 days of camp. Results should be indicated below:

Fecal Sample Testing Date: _____ Test Results: _____ Positive _____ Negative

Signature of Licensed Veterinarian: _____ Date: _____

VACCINATIONS (STRONGLY RECOMMENDED)

Given the number of dogs at camp, we strongly recommend a Bordatella (kennel cough) vaccination.

Bordatella Vaccination Date: _____

PLEASE BE SURE YOUR DOG IS FREE OF FLEAS

Given that you will be out of doors and in the woods, we strongly recommend that you treat your dog(s) with some form of tick prevention (ex. Frontline) prior to coming to camp.

OTHER MEDICAL CONDITIONS

A vet will be at Camp Dogwood during the entire session. If your dog has any other medical condition you feel would be important for us to know about, please describe it in the space below:

Official Vet Address Stamp