

Please have this slip completed and signed by your
Veterinarian

CAMPER INFORMATION:

Camper's Name _____
Breed _____
Description _____
Sex _____ Spay or Neuter Date _____
Age _____ Approx. Birth Date _____
Owner's Names _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Other Phone _____
Cell Phone _____
Pager _____
Other Emergency Contacts _____

How did you hear about Puppy Camp? (Who can we thank?)

MEDICAL INFORMATION:

Veterinarian's Name _____
Hospital _____
Hospital Address _____
Phone Number _____

**NOTE: THE FOLLOWING ARE TO BE RECEIVED
BEFORE THE EVALUATION VISIT.**

Please Give Dates:

Last Physical Exam _____
1 Year DAPPC (or equivalent) _____
Rabies Vacc _____ 1 or 3 yr. _____
Bordatella (every 6 mos. preferred) _____
Heartworm Test _____
Heartworm Prevention _____
Last Purchase Date _____
Flea Prevention _____
Last Purchase Date _____

The above medical information is true to the best of my knowledge.

(Veterinarian's Signature)

In the event of an emergency, Puppy Camp has permission to transport _____ to the above vet (or the closest reliable vet) if necessary. Payment arrangements are to be made between owner and veterinarian in advance.

Owner's Signature _____ Date _____