

CAMPER INFORMATION:

Camper's Name _____

Breed _____

Description _____

Age _____ Approx. Birth Date _____

Sex _____ Spay/Neuter Date _____

Owner's Names _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

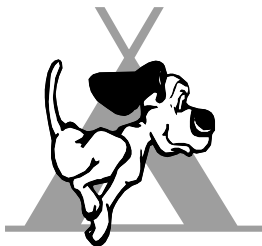
Cell Phone _____

Other Emergency Contacts _____

Email addresses _____

How did you hear about Puppy Camp? _____

Who can we thank? _____



MEDICAL INFORMATION:

Pet Hospital _____

Veterinarian _____

Hospital Address _____

Phone Number _____

Please Note: *The Following are ALL
To be received BEFORE the Evaluation Visit.*

Please Give Exact Vaccine Dates

Last Physical Exam _____

DA2PP – 1 year _____ or 3 year _____

Bordetella – 1 year _____ or 6 month _____

Rabies – 1 year _____ or 3 year _____

Veterinarian Approved Only

Heartworm Prevention:

Brand _____

Purchase Date _____

How many doses? _____

Flea Prevention:

Brand _____

Purchase Date _____

How Many Doses? _____

*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 Hospital or
the closest reliable veterinarian if necessary. Payment
arrangements are to be made between owner and
veterinarian in advance.

Owner's signature _____

Date _____