

# Linda's Camp K-9

Daycare • Obedience • Grooming • Boutique • Boarding

## Daycare & Boarding Veterinary Health Form

To ensure the health and safety of our clients, we require verification that all vaccinations are up to date. Please bring in a statement of your pet's most recent vaccinations (from your veterinarian) on your first day of daycare or have your veterinarian complete and sign this form.

Name of Dog: \_\_\_\_\_ Last Name: \_\_\_\_\_

Dog's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Altered? Y / N  
All dogs over the age of 6 months must be altered


### **Veterinarian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### **Vaccinations:**

Please fill in date of most recent vaccinations.

<b>Rabies</b>	_____	<b>1 or 3 year</b>	_____
<b>Distemper</b>	_____		<b>4 in 1 DHLPP Required!</b> (repeated annually unless authorized by veterinarian)
<b>Lepto</b>	_____		
<b>Hepatitis</b>	_____		
<b>Parvovirus</b>	_____		
<b>Parainfluenza</b>	_____		
<b>Corona</b>	_____		(Recommended, not required)
<b>Bordatella</b>	_____		Required! Needs to have been updated within last 6 months & every 6 months thereafter!

### **Fecal Sample:**

Date of most recent fecal test: \_\_\_\_\_ Results: \_\_\_\_\_

Treated for parasites? Y / N Medication administered: \_\_\_\_\_

### **Flea Program:**

Is this dog on any flea prevention program? Y / N If yes, which one? \_\_\_\_\_

I hereby certify that the dog named \_\_\_\_\_ is under my care and has received all of the above treatments on said dates. This dog is in good health and has not been ill with any communicable diseases in the past 3 months.

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_