



Kamp Kanine
389 Requeza St.
Encinitas, CA 92024
Mobile Office: 760-207-5267 Call Or Text Us
www.kamp-kanine.com
kampkanine@yahoo.com

Veterinary Health Form

To Client:

To ensure the health and safety of our Kampers, we require verification that all vaccinations are current. There are four ways to complete this process:

1. You can upload your document(s) at www.kamp-kanine.com select single or multi doggy daycare from the home page then find "submit medical records" button.
2. Request we contact your veterinarian for you.
3. Send documents to us on email or text pictures
4. Bring the documents with you on the evaluation day

First Name Of Owner: _____ Last Name: _____

Dogs Name: _____

Breed: _____

Dog's Date Of Birth: _____

(Circle one) - Male/Female

(Circle one) - Unaltered / Spayed / Neutered

Veterinarian Information:

Name of Veterinarian Clinic Hospital _____

Phone: _____

Vaccine Expiration Dates:

- Rabies: _____
- Distemper (DHPP): _____
- Hepatitis/Adenovirus (DHPP): _____
- Parvovirus (DHPP): _____
- Bordatella: _____
- Date of last negative parasite test on fecal matter: _____
- DHPP = DAPP & DA2PP

