



# Dog Health Report

*INSTRUCTIONS: TO BE COMPLETED BY YOUR VETERINARIAN*

FOR WMA CAMPS: Please send with your balance of payment

FOR WMA WEEKLY CLASSES: Please bring your completed form with you to the first class

Client's name: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Known health problems or chronic conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Latest vet check	Date	Result
Heartworm	_____	_____
Fecal	_____	_____

Vaccinations:	Date
DHLPP	_____
Rabies	_____
Kennel Cough	_____
Lyme Disease	_____

(If you are using an alternative inoculation program, please describe it.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed,

\_\_\_\_\_ Animal hospital \_\_\_\_\_

Veterinarian

Address \_\_\_\_\_

Phone \_\_\_\_\_

THANK YOU VERY MUCH!