



Dog Health Report

TO BE COMPLETED BY YOUR VETERINARIAN
(and sent to Camp prior to your arrival)

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!