



Paws-a-Palooza, LLC VETERINARY FORM

This form is required for all first-time Paws-a-Palooza, LLC day camp and overnight participants. The information below is necessary for the health and safety of all participating dogs, including yours. This form must be **SIGNED** and included with your registration.

Owner's Name: _____
Address: _____ Phone: _____

Pet Information: (please fill out a form for **each** pet)

Name: _____ Age: _____ DOB: _____ Weight: _____

Type of pet: _____ Color/Markings: _____

Breed: _____ Allergies: _____

Male / Female (circle one)

Intact / Spayed / Neutered (circle one)

Vet Information:

Vet Clinic: _____ Phone: _____

Veterinarian Name: _____

Will your pet need vaccinated prior to coming to Paws-a-Palooza? Y / N

Is your pet on flea/tick prevention treatment? Y / N

Is your pet on heartworm preventative medication? Y / N

If known, please fill in the date of last vaccination or treatment for the following:

Rabies _____ (1 year or 3 year) (required)

DHLPP (Distemper) _____ (required)

Bordetella (Kennel Cough) _____ (required)

Heartworm Preventative _____ (not required)

Flea Preventative _____ (required)

I hereby authorize Paws-a-Palooza to contact my veterinarian to obtain any medical records they need on file.

Owner Signature: _____ Date: _____