



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 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)

Fecal Test (Parasites) _____ (not required)

Flea Preventative _____ (not required)

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

Owner Signature: _____ Date: _____