

Please complete and return to:  
Camp Canine Doggy Daycare  
11126 B Mukilteo Speedway  
Mukilteo, WA. 98275  
Phone: (425) 493-2543  
Fax: (425) 493-2786  
E-Mail: info@campcaninepark.com

# VETERINARY EXAM FORM

Please take this form to your veterinarian to be completed.

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Breed \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*This form must be completed and signed by a licensed veterinarian and returned to Camp Canine Doggy Daycare by mail or fax before your dog is scheduled for a visit. For the protection of all our guests, failure to supply this information is cause for cancellation of your dog's stay at Camp Canine Doggy Daycare.*

## BE SURE TO TAKE YOUR DOG'S STOOL SAMPLE WITH YOU FOR FECAL TESTING.

**REQUIRED IMMUNIZATIONS:** Please provide vaccination date given.

DA2PParvo \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Negative Fecal Exam \_\_\_\_\_  
 1 year     3 year     1 year     3 year    **(required every 6 months)**    **(required every 6 months)**

### EXAMINATION FORM

**ATTENTION:** Please check box(es) that apply

Dog's general health is

- Poor
- Fair
- Good
- Excellent

**FECAL**

- Negative
- Giardia
- Blood
- Whip worm
- Hook worm
- Tapeworm
- Round worm

**EYES**

- Normal
- Glaucoma
- Conjunctivitis

**EARS**

- Normal
- Mites
- Infection

**SKIN**

- Normal
- Hot spots
- Fleas/mites
- Ringworm
- Mange
- Cysts
- Tumors
- Other

**SKELETAL**

- Normal
- Arthritis
- Hip dysplasia
- Broken bones
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ORAL**

- Normal
- Papillomas
- Other growths
- Dental problems
- Sores

**SPAYED / NEUTERED**

- Yes
- No

### OTHER HEALTH CONCERNS

---

### MEDICATIONS

---

Last Exam Date: \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital Name and Address: \_\_\_\_\_

---