



**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 \_\_\_\_\_ (not required)

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

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_