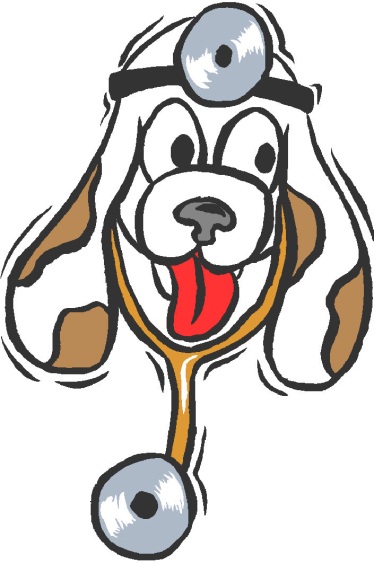
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**Health Form for Blue Ridge Mini Camp 2016**

This form is to designate that the listed dog described below is healthy and vaccinated with appropriate protection to participate in communal activities with other dogs at a camp in Maryland. A separate Health Form is needed for each dog attending Camp.   
  
NOTE: Unless special arrangements are made, this form needs to be sent 14 days prior to the start of Camp. We reserve the right to bar a dog from camp at any time if proof of good health is a concern.

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be within one year of camp)

Date of Rabies vaccination as required by owner’s state laws: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please enclose proof)

Date of last Distemper/Parvo vaccinations \_\_\_\_\_\_\_\_\_\_ ***OR*** Date of completion of initial series \_\_\_\_\_\_\_\_ and last titer date: \_\_\_\_\_\_\_\_\_\_\_.

Date of last negative Fecal exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (should be within 30 days prior to coming to camp, or within last year if dog is on year-round parasite preventative.)

Signature of Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_