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dogconnection@yahoo.com

www.dogconnection.org

Vaccination/Health Certification

Prior to coming to camp, please provide appropriate documentation (either in the form of receipts or signed certificates) for the listed vaccinations and procedures. **Or**, please ask your veterinarian to complete this form and send it to us. Thank you!

Owner's Name _____

Veterinary office _____ Phone: () _____

Dog's Name _____ Gender: _____ Dog's Birthdate: _____

Dear Doctor:

I would like my dog to attend the Dog Connection Camp. Please complete this form and return at your earliest convenience. Thanks for your prompt attention.

Sincerely,

Signature of owner

Vaccinations	Last Given	Next Due
Rabies		
Bordetella		
Distemper and Parvovirus		
Flea and tick prevention program		
Spay / Neuter		N/A

	Type	Number
Microchip		

Veterinarian Signature

Veterinarian Printed Name

Date