

## Canine Health Requirements – The Painted Turtle

The Painted Turtle camp is a medical camp for children with chronic and life-threatening illnesses.

### Checklist for Veterinarian:

Name of Owner: \_\_\_\_\_ Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_  Neutered  Spayed

### Known Conditions and Vaccinations:

This form (Sections A, B & C) must be completed by your private veterinarian to document medical clearance for dogs on camp premises. There are three parts to your dog's medical clearance:

- A. *Stool Specimen Analysis*
- B. *Health Record (Updated Vaccinations)*
- C. *Annual Exam*

\*\*A hard copy of all test results from your veterinarian, on veterinarian letterhead, can substitute completion of section A and B only.

\*\* Once completed, this form requires a veterinarian's signature and office stamp.

**A. Stool Specimen Analysis:** *Please indicate date tested and whether result was negative or positive.*

1. Fecal analysis for intestinal parasites: *Date:* \_\_\_\_\_  
*Negative* \_\_\_\_ *Positive* \_\_\_\_ If positive, date of treatment: \_\_\_\_\_

**B. Health Record (Updated Vaccinations):** *Please list date of last inoculation.*

1. DHLPP (**every 3 years**): *Date:* \_\_\_\_\_
2. Rabies (**every 3 years**): *Date:* \_\_\_\_\_

**C. Annual Examination:** Based on my examination on \_\_\_\_\_ (*date*), \_\_\_\_\_ (*dog's name*) is in excellent health, has a socially acceptable temperament and is free of any communicable diseases to humans.

Veterinarian: \_\_\_\_\_  
*Signature*

Address: \_\_\_\_\_  
*Street City, State Zip code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VETERINARIAN OFFICE STAMP
---------------------------