



Camper Questionnaire

Camper #2 Information

Name: _____ Age: _____ Birth Date: _____

Male/Female: _____ Spayed/Neutered: _____ Weight (lbs): _____

Breed: _____ Color: _____

Food Allergies: No Yes, please list _____

Camper #3 Information

Name: _____ Age: _____ Birth Date: _____

Male/Female: _____ Spayed/Neutered: _____ Weight (lbs): _____

Breed: _____ Color: _____

Food Allergies: No Yes, please list _____

Veterinarian Information

Clinic Name: _____ Phone: _____

Clinic Address: _____