

**PLEASE HAVE VETERINARIAN or ANIMAL CLINIC COMPLETE
Documentation and a photo are required.**

- a) Animal is a _____ **Dog** **Cat**
b) Animal has received all shots required up to today's date **Yes** **No**
c) Sex of Animal is **Male** **Female**
d) Breed & Color of animal _____
e) Weight & Age of animal _____
f) Name of animal _____

Veterinarian's Signature _____ (Attach Business Card)
Clinic _____ Phone _____

IN CASE OF EMERGENCY / Animal PROVIDER

In case of emergency, the following person will remove my dog from my apartment and be responsible for its care:

Name: _____ Address: _____
Phone # _____ Responsible Person's Signature: _____

Camper Signature Date

Camper Signature Date

Camper Signature Date

Camper Signature Date

Camper Signature Date

Campground Signature Date