



Rogers' Rescues

Vetting Information

Please complete and fax to Rogers' Rescues at 732.875.1290.

Thank you for applying to adopt a dog from Rogers' Rescues. If you currently have pets, please print this page and complete Section One. Ask your vet to complete Section Two and fax it to us at 732.875.1290.

NOTE! If you have more than 3 pets, please print more than one copy of the form.

SECTION ONE: To be completed by applicant

Applicants' Name:	
Address:	
Email Address:	Phone:
I give my permission for my vet to release the information below to Rogers' Rescues. I understand that information the vet provides will not be released to me by Rogers' Rescues.	Signature:

SECTION TWO: To be completed by vet

If adopter has more than 3 pets, please copy this form as needed. A cover page is not necessary.

Vet Name/ Clinic name:			
Address:			
Fax:		Phone:	
	Pet 1:	Pet 2:	Pet 3:
Pet's name			
Date of last office visit			
Species (dog, cat, etc.)			
Breed			

Age			
Altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UTD on vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UTD on routine exams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last HW test (if applic)			
Positive/Negative?			
On HW preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there any issues that you feel would positively or negatively affect this adopters ability to care for future pets?</p>			
<p>Vet Office Signature:</p>			