

Veterinarian Reference Check

No dog will be adopted from Cocker Spaniel Rescue of East Texas/Houston without a vet check.

Applicant completes the following section:

Name of veterinary clinic _____ Phone _____

Name of doctor _____

Address _____
Street address or P.O. Box City State Zip

Name of Pets _____ How long have you used this vet? _____

I authorize the above named veterinary clinic/veterinarian to release information to Cocker Spaniel Rescue of East Texas/Houston, P.O. Box 7326, The Woodlands, TX 77387-7326 or fax to one of the phone numbers below.

Signature of Applicant _____ Name vet records are under (please print)

Applicant Address, including city, state and zip code

Phone numbers – home (h), cell (c) and work (w)

Veterinary Clinic Staff completes the following section: (Additional comments welcome.)

Cocker Spaniel Rescue
FAX Numbers
 Please fax completed, signed form to any number listed below.

The Woodlands
 (281) 419-2828

Lake Jackson
 (979) 297-8897

Memorial area
 (713) 522-3770

Are all dogs owned by this applicant on heartworm preventative? Yes No
 Which one? HeartGard Iverhart Sentinal Other: _____

Are all dogs/cats owned by this applicant spayed or neutered? Yes No

Are all dogs/cats owned by this applicant up-to-date on immunizations? Yes No

Which immunizations do applicant's pet(s) receive? Please circle all that apply.

Dogs: DHLPP or DHPP Rabies Bordatella
 Cats: FVRCP Rabies Feline leukemia

To the best of your knowledge, are this applicant's dogs kept inside or outside? (Circle one)

Comments/Notes: _____

Signature Position Printed name

Fax or Mail to: Cocker Spaniel Rescue, Attn: Applicant Reference, P.O. Box 7326, The Woodlands, TX 77387-7326
For information about Cocker Spaniel Rescue, call the hotline at (713) 208-1314.

For CSR use only:
 Vet check conducted by phone on _____ by _____ Approved Rejected Pending
 (date) (volunteer name)