

# DVGRR Veterinary Info Request Form

Dear Veterinarian,

To ensure that dogs are placed in the best possible care, DVGRR is seeking a veterinary reference as part of the adoption process. We appreciate your cooperation in this matter.

## Applicant Information

Prospective Adopter's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Veterinarian Information

Veterinarian's Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_

\_\_\_\_\_

## Veterinarian's Comments

*(Note: Information is treated with complete confidentiality)*

List current and/or former pet(s) under your care:

How long have you cared for this client's pets?

Does this client provide consistent and timely care for all of his/her companion animals?

Have vaccinations on all pets been kept current?

Have the client's dog(s) been heartworm tested and maintained on heartworm preventive?

Do you feel this client will provide a safe and nurturing home for an adopted Golden Retriever?

Please add any other comments that would be helpful in evaluating this applicant's ability to ensure appropriate care for an adopted dog.

Veterinarian's signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to :

**DVGRR**  
**60 Vera Cruz Road**  
**Reinholds, PA 17569**

Or fax to: 717-484-4839