



## Central Indiana Lab Rescue & Adoption Health Record Confirmation

CILRA Adoption Applicant: Please ask your veterinarian to complete and submit this form to CILRA for all your current dog(s) or if no dog is currently in your home for your most recent dog.

Applicant's Veterinarian: CILRA requires verification of this information before processing an adoption application. Thank you for providing this information to us!! Please complete and send this form ONLY, not the medical history of each dog unless additional clarity is required in special circumstances. **Please email the form to [adopt@cilra.org](mailto:adopt@cilra.org)**

### Submitting Veterinarian

Clinic Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Dog and Owner Information

Dog Owner Name(s): \_\_\_\_\_

Dog Name(s): \_\_\_\_\_

Is the dog(s) spayed or neutered?            Yes            No

If NO, please explain: \_\_\_\_\_

Is the dog(s) up to date on annual heartworm testing?            Yes            No

If NO, please explain: \_\_\_\_\_

Is heartworm preventative purchased monthly?            Yes            No

If NO, please explain: \_\_\_\_\_

Is the dog(s) up to date on all required vaccinations: Rabies, Bordetella, DHLPP?    Yes    No

If NO, please explain: \_\_\_\_\_

Additional comments/information: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_