



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**

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: _____