



Circle L Rescue

CircleLRescue.org

918-964-9560

contact@CircleLRescue.org

a 501c3 non-profit organization

Dear Licensed Veterinarian, _____ adopted a dog from Circle L Rescue.
(adopter's name)

We require information pertaining to the dog's condition annually from the attending veterinarian, as per the adoption/caregiver contract. This ensures the well-being of our adopted animals. Thank you for your cooperation and comments.

VETERINARY FOLLOW-UP REPORT FORM

This form to be completed by a licensed Veterinarian only

Dog: _____ Microchip: _____ Age: _____ Sex: _____

Breed: _____ Color: _____ Weight: _____

1. Is the dog on an appropriate nutrition program? Y N

2. Is the dog on appropriate intestinal parasite prevention? Y N Date of last fecal: _____

Date of last heart worm test: _____

Date of last worming: _____

3. Is the dog on appropriate external parasite prevention? Y N

Name of Prescription Parasite Preventative: _____

Date Preventative was last administered: _____

4. Does the dog attend a "doggy daycare", boarding facility, or utilize a care provider other than the adopter?

If yes, please state what type of provider, legal name, phone number, and physical address of the business location: _____

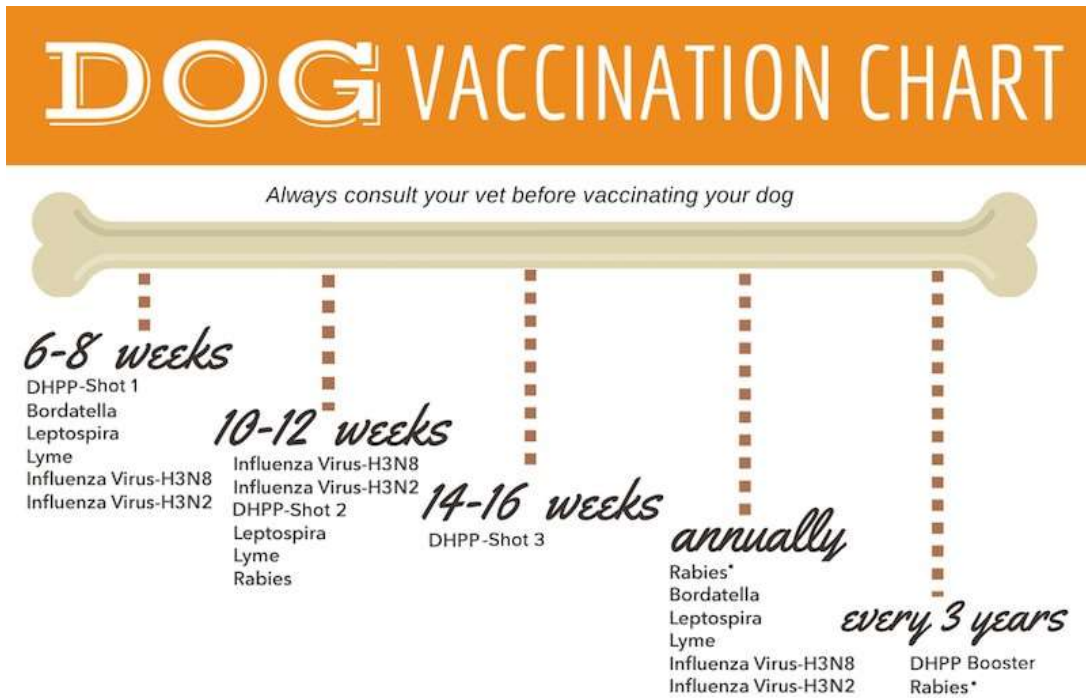
5. Please note any visible signs of illness, and any issues you may be addressing with adopter:

6. Check the condition of horse on the chart below: (please circle one numeral)

Body Condition Score (BCS) for Dogs



Follow the Standard Veterinary Recommendations for all vaccinations appropriate for your region of the country. The recommendations below are guidelines for the health of your dog.



5. Please note all vaccinations provided at today's visit:

If there is any concern for this dog, please contact Circle L Rescue confidentially at (918)964-9560 or contact@CircleLRescue.org

LICENSED VETERINARIAN: Please sign & date this form below.

NAME (*please print*) DATE OF EXAM VETERINARIAN SIGNATURE

Veterinarian's Clinic Name: _____ State & License # _____

Office Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Comments or Concerns Appreciated – Thank You!

