



Little China Dog Rescue Veterinary Referral Form

Please complete and return to us as soon as possible.

Clients details

Full name: _____

Address: _____

How long has the client above been using your practice: _____

What pets do you have on record: _____

Are all of these pets spayed or neutered: _____

Are all of these pets up to date on their vaccinations: _____

If not is there a reason why: _____

Does the client purchase flea and worming preventatives from your clinic: _____

What other pets have they had in the past, and what happened to those:

Have the pets on file been regularly seen by you on an annual basis:
(if not, describe the visit frequency. Are there large gaps in appointments)

Have any of the pets on file had any significant vetting done: (ie. lump removals, dental, surgeries etc.)

Have you recommended care that they have declined:_____

Do you have any concerns about them adopting a new animal:_____

Is there anything else that we should know. Overall thoughts:_____

Veterinary details

Vet's name:_____

Practice address:_____

Signed:_____ Date:_____

Please forward your completed veterinary referral form to **lcdradoption@yahoo.com** along with your adoption form.

Please note, your application can not be reviewed until your vet reference form has been submitted.