

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

**Dog Information**

**Originating Rescue/Foster Information**

Dog's Name		Rescue Group	
Age (at least 8 wks)		Contact	
Weight		Home Phone	
Breed/Color		Cell Phone	
		Email	

**Paper Work** **\*\*NO ANTIBIOTICS!! ( Meds for chronic medical conditions ok, i.e.: thyroid or glaucoma )**

Heath Certificate  Date: \_\_\_\_\_ **\*\*HC date must be 10 days or less of delivery to new home**

Shot Records  DAPP2 VL + CV (7 & 1) given: \_\_\_\_\_ Bordetella given: \_\_\_\_\_

Negative Fecal  **\*\*Dogs positive for coccidia or giardia CANNOT travel**

Wormer given  \_\_\_\_\_

Rabies Certificate  \_\_\_\_\_ Microchip# \_\_\_\_\_

Rabies Tag #  \_\_\_\_\_

Spay/Neuter Date  \_\_\_\_\_ **\*\*Surgery must be at least 7 DAYS PRIOR to transport departure**

Heartworm/Ehrlichia/ Lyme Test  \_\_\_\_\_ If positive, treatment date \_\_\_\_\_

Last Heartworm  \_\_\_\_\_ Next Heartworm \_\_\_\_\_

Last Frontline  \_\_\_\_\_ Next Frontline \_\_\_\_\_

**Adopter/Foster/Rescue Information (who will be picking up the dog on Saturday)**

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Drop Off Location (please check one box below)**

**Comments**

<input type="checkbox"/> Allentown, PA	5:00 AM
<input type="checkbox"/> Pluckemin, NJ	6:00 AM
<input type="checkbox"/> Spring Valley, NY	7:30 AM
<input type="checkbox"/> Glastonbury, CT	9:30 AM
<input type="checkbox"/> Plainfield, CT	11:30 AM
<input type="checkbox"/> Windham, NH	1:30 PM
<input type="checkbox"/> Other:	

**NOTE: All times above are estimates and are EST on a Saturday.**