

Pet Information Needed

Filled Out By Your Veterinarian or Organization,
must be on Vet/Organization Letterhead Stationary
(do not send in this form, it will not be valid)

Questions we need answered (these will be verified)

I hereby affirm that the dog _____,

currently owned by _____,

residing at _____,

is spayed/neutered and is current on its annual
shots and is vaccinated for Rabies (we realize for
shelters this information may not be available, answer to
the best of your ability).

Signature of Doctor/Director:

Date Signed:

Doctors/Directors Full Name Printed:

Name and Address of Practice/Organization:

Phone Number of Practice/Organization:

Your Vet/Organization or you may FAX or mail this
information to:

Helen Brown
144 Stone Ridge Court
Everett PA 15537

FAX: 1-814-624-5135

please email Helen with questions at:
owner.post@LhasaApsoRescue.org