

Veterinarian Reference Check

No pet will be adopted from The H. Dale Buck Animal Welfare Memorial Fund, Inc. without a vet check.

Applicant completes the following section:

Name of veterinary clinic _____ Phone _____

Name of doctor _____

Address _____
Street address or P.O. Box City State Zip

Name of Pets _____ How long have you used this vet? _____

I authorize the above named veterinary clinic/veterinarian to release information to The H. Dale Buck Animal Welfare Memorial Fund, Inc., P.O. Box 1613, Emporia, KS 66801 or fax to (620) 342-2008.

Signature of Applicant _____ Name vet records are under (please print) _____

Address, including city, state and zip code _____

Phone numbers – home (h), cell (c) and work (w) _____

Veterinary Clinic Staff completes the following section: (Additional comments welcome.)

Are all dogs/cats owned by this applicant on heartworm preventative? -- Dogs -- -- Cats --
Yes No Yes No

Are all dogs/cats owned by this applicant up-to-date on immunizations? Yes No Yes No

Are all dogs/cats owned by this applicant spayed or neutered? Yes No Yes No

Which immunizations do applicant's pet(s) receive?

----- Dogs -----			----- Cats -----		
DHLPP	Yes	No	FVRCP	Yes	No
Rabies	Yes	No	Rabies	Yes	No
Bordatella	Yes	No	Feline leukemia	Yes	No

To the best of your knowledge, are this applicant's dogs kept inside or outside? (Circle one)

Do you feel this applicant will adequately care for a pet including, but not limited to, providing appropriate shelter, providing nutritionally appropriate food, grooming regularly, providing annual immunizations, providing heartworm preventative and medical care as needed? Yes No

Signature

Position

Printed name

Fax or Mail to:

H. Dale Buck Animal Welfare Memorial Fund, Inc., Attn: Applicant Reference, P.O. Box 1613, Emporia, KS 66801
Fax: (620) 342-2008.

For information about The Buck Fund, call (620) 343-3377