PLR Dog Trans	pc	ort Information			CRATE#	
Transport Date:				_		
Dog Information				Originating Res	scue/Foster In	formation
Dog's Name				Rescue Group		
Age (at least 10 wks)				Contact		
Weight				Home Phone		
Breed/Color				Cell Phone		
Sex				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		ew home	
Shot Records last vaccine no less than 10 days prior to transport		DA2PPv given:			Bordetella given:	
Negative Fecal	**Dogs positive for coccidia or giardia CANNOT travel					
Wormer given		Dogo positive for docordia	The granding of the control of the c			
Rabies Certificate			1	Microchip#		
Rabies Tag #]	WIICI COI II D#		
			**Curaem, must be at least	7 DAVE DRIOD to trans	nort donorturo	
Spay/Neuter Date			**Surgery must be at least	7 DAYS PRIOR to trains	port departure	
Heartworm/Ehrlichia/ Lyme Test				If positive, treatment date		
Last Heartworm Prev.				Next Heartworm		
Last Flea/Tick Prev.				Next Flea/Tick		
Adopter/Foster/Res	cue	e Information (who w	- vill be picking up the do	g on Saturday)		
Name:					City & State:	
Home Phone:			Cell Phone:			
Drop Off Location (please check one box below) Comments						
Lebanon, TN						
White Pines, TN						
Wytheville, VA						
Roanoke, VA						
Harrisburg, PA						
Scranton, PA						
Southington, CT						
East Hartford, CT						
NOTE: Drop offs are on Thursda	ay ar	nd Fridays				