

**Nova Scotia Duck Tolling Retriever Club (USA)
Dog Received Into Rescue**

Date:		Case:
From Where:		
Address:		
Telephone:	Email:	
Breeder (if known):		Contacted:
Shelter Release Form:	Medical Records:	
Dog's current name:		Reg. #:
Date of birth or approx. age:	Sex:	
Spayed/Neutered?	If yes, date (if known):	
Current food and amount fed:		
MEDICAL		
Known medical/behavioral problems:		
Vaccinations (type, date):		Rabies Cert. #:
Heartworm status, if known, and date checked:		
On heartworm preventative?	Date last given:	
Fecal checked?	Date:	
Fecal Results:	Treatment (if any):	
Other medical treatment provided, and dates:		
Veterinarian/Clinic Name:		
Address:		
Telephone:		
Tattoo/Microchip #:		
FOSTER CARE	From:	To:
Foster Family:		
Address:		
Telephone:	Email:	
ADOPTION	Date:	
Name:		
Address:		
Telephone:	Email:	
Rescue Coordinator:		

Notes: