



Verification of Veterinary Services Form

Owner Name: _____ Phone #: _____ Alt #: _____

Address: _____ City: _____

State: _____ Zip: _____

Dogs Name: _____ Gender: M F Color: _____

Dog's Breed: Golden Retriever

Current Weight: _____ Date of Appointment: _____

Clinic Information: Please Print, Type, or Stamp Information

Name: _____

Address: _____

Phone: _____

I will be using this veterinarian in the future for any additional puppy care, emergency care, and general veterinary services. I give Texas TLC Goldens permission to contact the above-mentioned veterinarian to verify care information if necessary.

Owner's Signature: _____ Date: _____

Please have your veterinarian fill out the following information.

I, _____ verify that I have examined the puppy mentioned above

(Veterinarian's Name-Please Print)

and consider it to be in: Overall Good Health (NAF) Good Health, Minor Matter Unhealthy

Please note any abnormalities, problems, or ailments associated with puppy: _____

Has this puppy been placed on heartworm preventative? Yes No

If not, at what age will the puppy be placed on preventative? _____

Veterinarian Signature: _____ Date: _____

Note to Veterinarian/Vet Techs –Please feel free to contact me, Theresa Curry, at any time if you have any questions about this form or if you need additional information on the puppy/dog mentioned above. 713-298-5354 THANKS!