



Transport Request Form

Date of Request: _____ Sending Agency: _____

Date Transport Requested for: _____ Receiving Agency: _____ CVHS

Animal Name: _____ ID #: _____

Animal Type: DOG PUPPY CAT KITTEN OTHER: _____

Estimated DOB: _____ Age: _____ Approx. Weight: _____ Sex: F / FS / M / MN

Breed(s): _____ Colors/Description: _____

Original Intake Reason: _____

Medical Information: (Please note all **dates** treatments were performed. Include recent history provided by owners if available)

Rabies Vaccine: _____ Due: _____

Distemper Combo (note date/type of vaccine): _____

Bordetella Vaccine (note date/type of vaccine): _____

Wormer (note dates/type of wormer): _____

Flea Preventative (note dates/type): _____

Date Tested Negative for FIV/FelV (cats), Heartworm (dogs): _____

Microchip Number: _____ Company: _____

Please note any additional medical information available about the animal, including any medications or treatments and provide reasons: _____

Describe condition of mouth/teeth/gums: _____

Behavior Information: (Please attach dog behavior evaluations.)

Energy Level: Super High High Medium Low Really Low

Food Motivation: Super High High Medium Low Really Low

Can Live With: Cats Dogs Kids Ages: _____

Please note any additional behavior information: _____

