DOG PLACEMENT ASSISTANCE REQUEST



Our Companions is pleased to work with you to find a new loving home for your dog. Please complete and return this form, along with the: Incoming Dog Profile and all Veterinary Records. (You can return via mail or e-mail to Helpline@ourcompanions.org). If you are looking for assistance for more than one dog, please complete the packet of information for each dog. Once we receive all your information, one of our trained Helpline Caseworkers will contact you to schedule your dog's evaluation, and begin the process of finding your dog a new home.

PLEASE PRINT YOUR INFORMAT	ION						
Last Name		First Name			Middle	е	Date
Home Address							
City			State		Zip	Zip Code	
Home Phone Number	Cell F	Phone	Email				
()	()					
Dog's Name	A	ge	Sex	Spayed/Neuter			Spayed/Neutered?
Current Rabies & Distemper?		Heartworm Treatment? Vet Cli		nic Name		Vet Phone#	
Yes No		Yes No					
Where did you originally get your dog? Why are you looking to find a new home for the dog? Does your dog require any type of special care (diet, medications, etc)? Is there any other information that would be helpful for us to know in finding a new home for your							
I, the undersigned, attest t criteria required to participa veterinarian and adoption financial responsibility for the	hat the ate in t	information that I have his program and agre tments, 2) keep my de	ve provi e to: 1) og until	ded is fa	ctual. I	also	understand the asportation to
Signature			Date				_