

**TIBETAN TERRIER CLUB OF AMERICA, INC.**  
**MASTER RECORD**

Rescue Dog Number: \_\_\_\_\_

Name of person(s) surrendering dog: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Breeder's Name and Address (if known) : \_\_\_\_\_

Breeder contacted?: \_\_\_\_\_ Response?: \_\_\_\_\_

AKC Registration # \_\_\_\_\_ Papers Received?: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date spayed/neutered: \_\_\_\_\_ Age: \_\_\_\_\_

Coat color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Markings: \_\_\_\_\_

Tattoo: \_\_\_\_\_ Microchip: \_\_\_\_\_ Other Id: \_\_\_\_\_

Rescued from:  Owner  Shelter  Caretaker  Breeder  Pet Shop

Other comments:

Reason for surrender: \_\_\_\_\_

Identified problems: \_\_\_\_\_

Obedience Trained?: \_\_\_\_\_ Housebroken?: \_\_\_\_\_

Good with children?: \_\_\_\_\_ Other dogs/cats?: \_\_\_\_\_

Date of vaccinations: \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

Dewormed: (date and type): \_\_\_\_\_

Method and date of heartworm preventative: \_\_\_\_\_

Special Medical Problems: \_\_\_\_\_

Name of attending vet: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of adopting family: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**RESCUE INFORMATION:**

First contact: \_\_\_\_\_ date: \_\_\_\_\_

Picked up and transported: \_\_\_\_\_ date: \_\_\_\_\_

Medical evaluation: \_\_\_\_\_ date: \_\_\_\_\_

Temperament Eval: \_\_\_\_\_ date: \_\_\_\_\_

Boarding Facility: \_\_\_\_\_ date: \_\_\_\_\_

Transported to Foster home: \_\_\_\_\_ date: \_\_\_\_\_

Home screened: \_\_\_\_\_ date: \_\_\_\_\_

Permanent home: \_\_\_\_\_ date: \_\_\_\_\_

Follow up: \_\_\_\_\_ date: \_\_\_\_\_

EXPENSES:

Veterinarian	_____
Boarding	_____
Heartworm	_____
Prescribed Medication	_____
Food	_____
Shipping	_____
Other	_____
TOTAL	\$ _____
Donation for expenses	( _____ )

Special remarks: