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Siberian Husky Rescue of Florida, Inc. Referral Form

Date of Birth:

Description of Siberian Husky, hereafter referred to as "DOG".

Age:

Sex:

Name:

Eye Color:	Coat Color:	Microchip #:	
Health and History Information:			
Vet's Name, Phone and Address:			
Date of Currer	nt Shots:		
Rabies	DHLPP	Bordatella	
Other			
Has dog been Heartworm tested?		Date of last test?	
	eventative(list type)?	Date of last pill?	
Flea/Tick Prev	entative(list type)?	Date of last app?	
Is dog Spay/N		Obedience trained?	
Has dog been			
Prefers Men o	r Women?	Good with Children?	
Gets along wit	th cats?	Gets along with other dogs?	
List Bad Habit	s:		
Has dog bitten another human being or Animal, give particulars:			
Reason(s) for releasing this dog:			
Have you included proof of spay/neuter, shots & Heartworm testing and prevention			
given with this documentation? (This is required for SHRF to advertise the dog)			

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Signature of Owner:Print Name:	
Signature of Co-Owner:Print Name:	
Address of Owner:	Telephone:
 	Telephone:
Advertising Donation:	

The \$25 donation can be made via Paypal using the "Donate" button on our website. If you are unable to scan the information to send, please mail it to the address listed below:

Siberian Husky Rescue of Florida, Inc (SHRF) P.O. Box 8727 Seminole, FL 33775

Once **all** documentation is received the DOG will be posted. All documentation received becomes property of SHRF and will not be returned.

^{*}Please scan and email this form along with medical records showing proof of spay/neuter, shots, HW test & purchase of HW prevention. Please include pictures of the dog as well as a Microsoft Word (or similar) document that includes your contact information (email and/or phone number) and the dog's likes and dislikes to be posted.