

Buffalo Greyhound Adoption, Inc.
PO Box 1096, Cheektowaga NY 14225
(716) 873-1165 www.b-g-a.org

TRANSFER INFORMATION



Registered Name: _____ Nickname: _____
Left Ear Tattoo: _____ Right Ear Tattoo: _____ BGA Tag# _____
Color: _____ Sex: _____ Age: _____ Weight: _____

Registered Owner Name: _____
 Lessee / Kennel Owner Address: _____
 Trainer City: _____ State: _____
 Pet Owner Phone: _____ Zip: _____
 Other Chapter / Organization Email: _____

I certify that I have given up the greyhound described above for placement as a pet by *Buffalo Greyhound Adoption, Inc.*, with permission from the Registered Owner.

Signature _____ Track _____ Date _____
Transport Reps: _____ Wash Site: _____

MEDICAL PROTOCOL

Drontal Due: _____ (All tablets given at once on full stomach, 1 day after arrival)

Flea / Tick Preventative: _____ (Place between the shoulder blades, 3 days after arrival)

Feed: _____ Cups - Twice per day of: _____

GEORGETOWN

Physical Examination, Update Vaccinations as needed
Heartworm Check
CBC and Pre-Op Profile
Doxycycline for 3 weeks
Pro-Heart 6 (6 month Heartworm preventative)
Rimadyl for 3 days post-surgical
Metronidazole 500mg/day for 3 days post-surgical

SENECA

Physical Examination, Update Vaccinations as needed
Heartworm Check
CBC and Pre-Op Profile
Drontal dispensed 2nd and 3rd doses...follow vets directions
Interceptor dispensed 1st and 2nd doses...follow vets directions
Buprenex Injection Post-Surgical (Rimadyl if necessary)
Metronidazole ONLY as needed

The above are guidelines, please follow the Veterinarians Directions.

Foster Home: _____ Phone: _____

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PROFILER: _____ Phone: _____