

Patriot Assistance Dogs Foster- Checkout List

Dog's Name: _____ **Number:** _____ **Checked out by:** _____

Medical

- _____ Health Clearances Complete
 - _____ Microchip
 - _____ Health Record Copy
 - _____ Any Future Vet Appointments
 - _____ Heartgard and Frontline Chart and Medications
 - _____ Other Medications (Type, Amount, Frequency, Duration)
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Equipment (Color code _____)

- _____ Flat collar with ID tags
- _____ Training collars _____ Link prong _____ inch slip
- _____ Six-foot Leather Leash
- _____ Long Line
- _____ PAD Training Vest
- _____ Squirt Bottle
- _____ Kong toy
- _____ Nyla Bone chew toy
- _____ Food
- _____ Training Logs

Foster/Handler _____ Date _____

PAD Representative _____ Date _____