

Veterinarian Reference Form

To Whom It May Concern:

\_\_\_\_\_ has applied to Ms. Kitty's Cat Rescue, Inc., to adopt a cat. Because time and distance often precludes a home visit, we would like to obtain a reference to ensure we are making an appropriate placement. We would appreciate your time in assisting us by completing the following reference form.

Name of Veterinarian: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

How long have you known this client: \_\_\_\_\_

Would you consider this person to be a responsible pet owner?: \_\_\_\_\_

To the best of your knowledge, are his/her animals up-to-date with their vaccinations?  
(circle one) Yes No

Have their cats been tested for Feline Leukemia? (circle one) Yes No  
What were the results? \_\_\_\_\_

Have their cats been tested for Feline Immunodeficiency Virus?  
(circle one) Yes No  
What were the results? \_\_\_\_\_

Are there any reasons why you would NOT recommend placement of a cat with this client?  
(circle one) Yes No

If the answer is yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we telephone you if needed? (circle one) Yes No

\_\_\_\_\_  
Signature of Veterinarian / Date