

Ms. Kitty's Cat Rescue, Inc.

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

