



Veterinarian Reference Form

I, _____, have applied to Rocky Mountain Siamese Rescue to adopt/foster a cat. A veterinary reference is required to ensure a safe and healthy placement. I hereby give permission for you to complete this reference form and send it back to Rocky Mountain Siamese Rescue.

Rocky Mountain Siamese Rescue requires all adopters'/fosters' cats to have a negative FeLV and FIV test prior to placement within that household. It is also a requirement that all animals be Spayed/Neutered unless they are used as part of a licensed breeding program.

_____ Applicant's Signature _____ Date

Name of Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

How long have you known this client? _____

How many cats does he/she own? Male: _____ Female: _____

What is your overall opinion of the cat(s) temperament? _____

Do you have any reason to think the resident cat(s) might not accept another cat? _____

Cat 1: Name: _____ Breed/Description: _____
FeLV Test Date: _____ Result _____ FIV Test Date: _____ Result _____
Date of Rabies Vaccination: _____ Date of FVRCP Vaccination: _____
Date of Spay/Neuter: _____ Sex: _____

Cat 2 Name: _____ Breed/Description: _____
FeLV Test Date: _____ Result _____ FIV Test Date: _____ Result _____
Date of Rabies Vaccination: _____ Date of FVRCP Vaccination: _____
Date of Spay/Neuter: _____ Sex: _____

Cat 3 Name: _____ Breed/Description: _____
FeLV Test Date: _____ Result _____ FIV Test Date: _____ Result _____
Date of Rabies Vaccination: _____ Date of FVRCP Vaccination: _____
Date of Spay/Neuter: _____ Sex: _____

How many dogs does he/she own? Male: _____ Female: _____

Date of Rabies Vaccination: _____ Are all dogs up to date on shots? Yes No

Have all dogs been spayed or neutered? Yes No

What is your overall opinion of the dog(s) temperament? _____

What do you think of the dog(s) temperament toward cats? Does the dog have high prey drive in your opinion? _____

Are there any reasons why you would NOT recommend placement of a Siamese cat with this client? _____

May we telephone you if needed? Yes No

_____ Veterinarian Signature _____ Date

Please Fax or mail to the address/number listed below. Use back or attach extra sheet if needed for multiple animals or more comments/information. Please ensure that the owner's name is on the form.

Rocky Mountain Siamese Rescue, P.O. Box 336563, Greeley, CO 80633
Voicemail Line/Fax: 970-351-6582, E-mail: CoSrc@SiameseRescue.org