



Southern California
Siamese Rescue
PO Box 1379
Agoura Hills, CA 91376
info@californiasiameserescue.org

Veterinarian Reference Form

To Whom It May Concern:

_____ has applied to Southern California Siamese Rescue to adopt a Siamese Cat. Because 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 filling out this reference form.

Name of Veterinarian: _____

Address: _____

City: _____ **State:** _____ **Phone:** _____

How long have you known the client? _____

Would you consider them a responsible pet owner? _____

To the best of your knowledge, are his/her animals up-to-date with their shots? _____

Have they been tested for Feline Leukemia? _____ **For FIV?** _____

Results? _____

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

Any additional comments: _____

May we telephone you if needed? _____

Signature: _____

Please email to the above address or FAX to 818-332-9928