



Southern California
Siamese Rescue
PO Box 1379
Agoura Hills, CA 91376
socasrc@siameserescue.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 this client:

Would you consider him/her 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 mail to the above address or FAX to 818-332-9928