

\*\*\*\*MAIL OR TAKE THIS PORTION TO YOUR VETERINARIAN FOR COMPLETION\*\*\*\*



Purrs Abound Siamese Rescue Group of Michigan, Inc.

P.O. Box 80822, Rochester, MI 48308-0822 FAX (248) 920-0463 E-MAIL : [adoption@purrsabound.com](mailto:adoption@purrsabound.com)

I, \_\_\_\_\_ have applied to Purrs Abound Siamese Rescue to adopt a cat. Purrs Abound requires a Veterinary reference to ensure an appropriate placement. I hereby give permission for you to complete this reference form and answer any questions if a Purrs Abound Representative calls the clinic. *Please also send this form to Purrs Abound Siamese Rescue either via fax, email or regular U.S. mail.*

**Take this for to your Veterinarian to be completed.**

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_ Veterinarian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

How many cats does he/she own? Male \_\_\_\_\_ Female \_\_\_\_\_

If any pets euthanized / deceased within last 3 years please give brief reason \_\_\_\_\_

**In your opinion, what is the overall health and well being of the cats or other pets in your veterinary care?**

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

**Cat 1:** \_\_\_\_\_ FeLeuk test date \_\_\_\_\_ Result? \_\_\_\_\_ FIV test date \_\_\_\_\_ Result? \_\_\_\_\_

Date of most recent rabies vaccine \_\_\_\_\_ Date of most recent other vaccine \_\_\_\_\_

Date of spay \_\_\_\_\_ Date of neuter \_\_\_\_\_ Date of de claw -----

**Cat 2:** \_\_\_\_\_ FeLeuk test date \_\_\_\_\_ Result? \_\_\_\_\_ FIV test date \_\_\_\_\_ Result? \_\_\_\_\_

Date of most recent rabies vaccine \_\_\_\_\_ Date of most recent other vaccine \_\_\_\_\_

Date of spay \_\_\_\_\_ Date of neuter \_\_\_\_\_ Date of de claw-----

Have you de clawed any of the applicants cats? \_\_\_\_\_

How many dogs does he/she own?      Male \_\_\_\_\_      Female \_\_\_\_\_

Have all dogs been spayed or neutered:      Yes      No

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

May we telephone you if needed?      Yes      No

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please use back, copy form or attach extra sheet if needed for multiple animals**