

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



PurrsAbound
Siamese Rescue of Michigan, Inc.
P.O. Box 80822
Rochester, MI 48308-0822

PHONE (248) 975-8820  FAX (248) 920-0463
E-MAIL : adoptions@purrsabound.com

I, _____ have applied to Purrs Around Siamese Rescue to adopt a cat. Purrs Around 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 Around Representative calls the clinic. **Please also send this form to Purrs Around Siamese Rescue either via fax, email or regular U.S. mail. ALL APPLICATIONS Must include a \$10 processing fee. 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**