



Purebred Cat Breed Rescue, Inc

4302 Fairfax Drive
Crystal Lake, IL 60014
Phone: 888-303-9454

Veterinarian Reference Form

To Whom It May Concern:

_____ has applied to Purebred Cat Breed Rescue to foster or adopt a purebred 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?:

Please select yes or no below as they apply to this client and their pets:

All owned cats spayed/neutered?	Yes	No	Pets current on dental cleaning?	Yes	No
All owned cats FIV/FELV tested?	Yes	No	All pets are in good health?	Yes	No
Has client ever had a cat declawed?	Yes	No	Bring cats in promptly if ill??	Yes	No
Promptly seeks treatment of sick pets?	Yes	No	Routinely protect pets from fleas?	Yes	No
Vaccination of all pets are current?	Yes	No	Appears reliable and caring?	Yes	No
Never had an animal euthanized?	Yes	No	Appears able to care for more animals?	Yes	No

If you selected “No” for any item in table above, please provide more information:

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

Any additional comments:

May we telephone you if needed? (Circle one) YES NO

(Please note that if we cannot phone you to be sure you signed this form, the form will be invalid)

Signature:_____

Please send all completed paperwork to:

Linda Pollack Mercer, MD
President, Purebred Cat Breed Rescue
4302 Fairfax Drive
Crystal Lake, IL 60014
Phone: (888) 303-9454 TOLL FREE

OR Fax to (815) 455-3452