**Veterinary Reference Form**

|  |  |  |
| --- | --- | --- |
| **About The Applicant** | | |
| **Full Legal Name** |  |
| **Full address** *(inc. postcode)* |  |
| **How long has the applicant been using your practice?** |  |
| **What Pets do you have on record?** |  |
| **All are above mentioned pets spayed / neutered?** *(If not, please explain why)* |  |
| **Do all above mentioned pets visit the practice regularly for annual vaccinations etc?** |  |
| *\*If not, please describe frequency of visits and if there are large gaps between appointments* | |
| **Have any pets received significant vetting** *i.e. lumps removed, dental, surgeries etc.* |  |
| **Does the applicant purchase flea and worm treatment from your practice?** |  |
| **Has the applicant ever declined your recommended care?** |  |
| **Please detail the applicants previous pets and what happened** *(i.e. cause of death, relinquished ownership etc.)* |  | |
| **Please note anything else you feel the rescue should be informed of** |  |

|  |  |
| --- | --- |
| **Veterinary Details** | |
| **Veterinary Practice** |  |
| **Address of Veterinary Surgery** |  |
| **Name of Vet** |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward your completed veterinary referral form to [lcdradoption@yahoo.com](mailto:lcdradoption@yahoo.com) along with the applicants adoption form.

Please note, the application cannot be reviewed until your vet reference form has been submitted.