



# VET REFERENCE CHECK FORM

Date of Call: \_\_\_\_\_

Potential Pet's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Vet's Name: \_\_\_\_\_

Vet's #: \_\_\_\_\_ Spoke with: \_\_\_\_\_

Applicant past/current pets: \_\_\_\_\_

Ages/breed: \_\_\_\_\_

1. How long has the applicant been coming to your office? \_\_\_\_\_

2. Would you please let us know which animal(s) you treat for this client?  
\_\_\_\_\_

3. Do you see this/these animal(s) for regular check ups? YES NO

4. Last appointments: \_\_\_\_\_

5. Are pets neutered or spayed? YES NO \_\_\_\_\_

6. Are pets up-to-date on vaccinations? YES NO \_\_\_\_\_

7. WHICH ONES? RABIES DISTEMPER LEPTO BORDATELLA OTHER

8. Are dogs heartworm checked? YES NO Date Heartworm checked? \_\_\_\_\_

9. Are any dogs Heartworm Positive? YES NO \_\_\_\_\_

10. What type of heartworm preventative is dog on? \_\_\_\_\_

11. Are their current pets microchipped? YES NO

12. Have their current pets been observed as having a flea infestation? YES NO

13. Are the pets well mannered? YES NO

14. Have you ever known them to delay reasonable care or treatment for any reason?

YES NO Why? \_\_\_\_\_

15. Has this client had any animals euthanized for what would be considered improper or for an unnecessary reason (ie, other than extreme or fatal health issues)? If so what was the reason? YES NO \_\_\_\_\_

16. Are you aware of any reason we should not consider them for adoption?  
\_\_\_\_\_

17. Do you feel that they are capable giving a good home? YES NO

18. Describe your dog briefly... ask if they would consider their client's home a successful environment for such a dog. YES NO

19. Can you tell me your personal overall opinion of this client as a pet owner?  
\_\_\_\_\_

20. Do you have any particular reservations or general comments good or bad about the applicant? \_\_\_\_\_  
\_\_\_\_\_