

Animal Protection Coalition, Inc.

Veterinarian Reference Form

The veterinarian who fills out this form will not be held liable for opinions expressed within this form. If you currently do not have a veterinarian, you may ask a veterinarian who will be working on your animal(s) to fill out the form stating that he or she is willing to work on your animal(s). The purpose of this form is so that APC will know that you have a veterinarian available whenever your adopted or fostered animal needs veterinary care.

Your veterinary reference may not be an immediate family member and it also may not be the same person who fills out any other reference form(s) for you.

To be completed by adopter/foster applicant:

Name	Telephone Number
Address	City/State/Zip Code

To be completed by veterinarian:

Name	Telephone Number
Address	City/State/Zip Code
How long have you been treating the applicant's animal(s)?	
If you have not previously worked with the applicant's animals, after speaking with the applicant, would you be willing to work with any animal he/she may adopt or foster from Animal Protection Coalition, Inc.?	
Does the applicant keep his/her animals current on their vaccinations and other health care?	
Describe your impression of the care and condition of the animals the applicant currently owns. Do you think the applicant would make a good foster or adoptive home for an animal from Animal Protection Coalition, Inc.?	
Why or why not?	
Signature	Date

Thank you for taking the time to complete this form!

Please complete and return to:
Animal Protection Coalition, Inc. Corporate Offices
10474 West 800 South
Owensville, IN 47665
Tel: (812) 729-7111
Fax: (206) 338-5604