



**BIDEAWEE, INC.**

## Veterinary Reference Form for Adopters

(Please complete one form for each pet)

### Client Information

Name of Owner: \_\_\_\_\_

Name of animal: \_\_\_\_\_ DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered?: \_\_\_\_\_

How long has the animal been a patient? \_\_\_\_\_

Is the animal up to date with recommended vaccines?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Is the animal medically and behaviorally healthy to accept another household pet in his/her home?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Veterinary Practice/Doctor Information

Veterinary Practice/Doctor:

NAME ADDRESS

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please attach a copy of the pet(s) medical records, including but not limited to diagnostic tests, laboratory results, and surgical procedures.

**BY MY SIGNATURE I AUTHORIZE T**

Doctor's Signature License # Date

