



## Veterinary Care Verification

*Veterinarian: Please return this form to the Shelter/Rescue Representative*

### Section 1: Shelter/Rescue Information

Shelter/Rescue name: \_\_\_\_\_

Shelter/Rescue Representative's name: \_\_\_\_\_

### Section 2: Local Veterinarian's Verification

Veterinarian's printed name: \_\_\_\_\_

Veterinarian's License #: \_\_\_\_\_

Our clinic/hospital has seen approximately \_\_\_\_\_ (#) adoptable pets from this organization in the last six months. This number does not include personal pets of the organization representative to the best of my knowledge \_\_\_\_\_.  
(Veterinarian initial)

I understand Petfinder may call us by phone to verify if this reference is still valid \_\_\_\_\_.  
(Veterinarian initial)

I understand this form is for informational purposes only. I am not accepting responsibility for the actions of the above-named shelter/rescue by completing this form \_\_\_\_\_.  
(Veterinarian initial)

If I wish to retract this verification in the future I may email [Registration@Petfinder.com](mailto:Registration@Petfinder.com)

Veterinarian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Not accepted: Signature stamp, or a signature by non-veterinarian*

### SECTION 3. Business Card

**Veterinarian: PLEASE ATTACH YOUR PRINTED BUSINESS CARD BELOW and keep a copy of this form for your records. Thank you for supporting pet adoption!**

**Attach Veterinarian's Business Card here.**

**This form will not be accepted by Petfinder without the veterinarian's printed business card attached or photocopied here.**