Fenway Foundation for Friesian Horses Inc.
Veterinarian Reference Form

The veterinarian completing this form will not be responsible for the opinions expressed. If you don't have a veterinarian, you can ask a veterinarian caring for your horse to fill out the form, confirming their willingness to treat your adopted horse. The goal is to ensure that the FFFH knows you have a veterinarian available for your horse's veterinary needs. Your veterinary reference cannot be a close family member and cannot be the same person who completes other reference forms for you.

To be completed by adoption 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 horses?	
If the applicant is not a current client, after speaking with the applicant, would you be willing to work with any horse he/she may adopt from the Fenway Foundation for Friesian Horses?	
Does the applicant keep his/her horses current on their vaccinations, dental 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 adoptive home for a Friesian from the Fenway Foundation for Friesian Horses? Why or why not?	
Signature	**Date**

Thank you for taking the time to complete this form!

Please complete

Please complete and return to the adopter to submit with his/her adoption application.