

## Quality Breeders Association Veterinarian Reference

I, \_\_\_\_\_ hereinafter referred to as the breeder, agree not to hold the Veterinarian, mentioned below, liable for any statements, opinions or ratings disclosed in this form. I give my permission to disclose the information requested herein to the Quality Breeders Association.

If you currently do not have a veterinarian, you may ask a veterinarian who will be working on your dogs to fill out the form stating that he or she is willing to work on your dogs. The purpose of this form is so that the Quality Breeders Association will know that you have a veterinarian available whenever your dogs need veterinary care.

**PLEASE NOTE:** Your veterinary reference may not be an immediate family member and it also may not be the same person who fills out a buyer reference form for you.

### To be completed by breeder:

Kennel Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Breed (s) of Dog \_\_\_\_\_

**To be completed by veterinarian –** if you are unable to answer any of the below questions please do not guess – but please mark with “N/A” or “Not Known”

Name \_\_\_\_\_

Name of Facility \_\_\_\_\_

License # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

1.) How long have you been treating this breeder's dogs? \_\_\_\_\_

2.) Does the breeder keep his/her animals current on their Rabies & required local vaccinations and other health care? (Please circle one) Yes / No / Unknown

3.) Who gives the annual shots for the adult dogs? (Please circle one) You / Breeder / Unknown

4.) Who gives the puppies their vaccinations? (Please circle one) You / Breeder / Unknown

5.) Do you provide micro-chipping service for this breeder? (Please circle one) Yes / No / Unknown

6.) Do puppies from this breeder receive microchips? (Please circle one)  
Always / Sometimes / Never / Unknown  
I provide and insert the micro-chips / The Breeder supplies and inserts the micro-chips

7.) What health screenings if any has this breeder had done by you or provided results of to you on their dogs i.e.; OFA, PennHip, CERF, DNA etc., (Please list)

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8.) What is your impressions of the care and condition of the animals the breeder currently owns?  
(Please check one)

Poor \_\_\_\_\_  
Adequate \_\_\_\_\_  
Exceptional \_\_\_\_\_

9.) What is your impression of the care and condition of the puppies this breeder brings to you?  
(Please check one)

Poor \_\_\_\_\_  
Adequate \_\_\_\_\_  
Exceptional \_\_\_\_\_

10.) Have you visited this breeder's facility?  
If yes – please check **one** of the following statements:

Yes / No

- \_\_\_\_\_ The breeders take **adequate** care of their dogs providing adequate housing, shelter, exercise, cleanliness, food and water
- \_\_\_\_\_ The breeders take **good** care of their dogs providing adequate housing, shelter, exercise, cleanliness, food and water
- \_\_\_\_\_ The breeders take **exceptional** care of their dogs providing adequate housing, shelter, exercise, cleanliness, food and water

Please state the date of your last visit: \_\_\_\_\_

Please add any comments that you feel may be useful to us:

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Signature

Date

Thank you again for taking the time to fill out this form - please return,  
by one of the following methods, to:  
Quality Breeders Association  
**By Mail:** PO Box 521, Tullahoma, TN, 37388  
**By Fax:** 1-530-236-7104  
**By Email:** [membership@qualitybreedersassociation.org](mailto:membership@qualitybreedersassociation.org)  
Or to the Breeder named above.