



Veterinary Care Verification

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

Section 1: Shelter/Rescue Information

Shelter/Rescue name: GATOS BORINCOON, INC.

Shelter/Rescue Representative's name: Wendy Montanez-Ortiz

Section 2: Local Veterinarian's Verification

Veterinarian's printed name: CARLYE ROSEN DVM

Veterinarian's License #: MASSACHUSETTS #9315

Our clinic/hospital has seen approximately 1 (#) 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 CR.
(Veterinarian initial)

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

If I wish to retract this verification in the future I may email Registration@Petfinder.com

Veterinarian's signature Carlye Rosen Date: 9/11/24
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!



SEEN AT
ACORN ANIMAL HOSPITAL
FRANKLIN, MA
(508) 528-1135