**A picture containing icon

Description automatically generated**

**Animal Information Form**

**Form to be used when owner is requesting to surrender the following named animal(s)**

**Animal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | Species | | | |  | | | Male/Female | | | | |  | | |
|  | |  | | | | |  | | | |  | | | | |  | |  | | | |
| Breed | |  | | | | | Colour | | | |  | | | | | Age | |  | | | |
|  | |  | | | | |  | | | |  | | | | |  | |  | | | |
| Microchip Number: | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | |  | | |  | | | | | |
| Neutered? | | | Yes | | |  | No | | |  | | Not known | | | |  |
|  | | |  | | |  | | | | | | |  | | |  |
|  | | | If Yes, where and when | | | | | |  | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | |  | | |  | | | | | |
| Vaccinated? | | | Yes | | |  | No | | |  | | Not known | | | |  |
|  | | |  | | |  | | | | | | |  | | |  | | | | | |
|  | If Yes, vaccination card or where/ when | | | | | | | |  | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | |  | | |  | | | | | |
| Flea Treatment | | | Last given on: | | |  | | | | | | | Name: | | |  | | | | | |
|  | | |  | | |  | | | | | | |  | | |  | | | | | |
| Worm Treatment | | | Last given on: | | |  | | | | | | | Name: | | |  | | | | | |
|  | | | | |  | | | | |  | | | | |  | | | | | | |
| Usual Food; Wet/Dry/Brand | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
| Indoor or Outdoor cat? | | | | | Indoor Only | | | | |  | | In and Out | |  | | Out only | | | |  |
|  | | | | |  | | | | | | | | | | | | | | | | |
| Type of litter used: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
| Previously lived with: | | | | | Cats | | | | |  | | Dogs | |  | | Children | | | |  |
|  | | | | |  | | | | | | | | | | | | | | | | |
| Ever shown signs of aggression or bitten? | | | | | | | | Yes | |  | | No | |  | |

|  |  |
| --- | --- |
| Any other information including known medical conditions, allergies, medication/treatment: | |
|  | |
| I give permission for East Coast Pet Rescue to access all veterinary records for the above-named animal from my nominated veterinary practice(s).   |  |  |  |  | | --- | --- | --- | --- | | Name of Veterinary Surgery Animal is registered at: |  | Contact Number |  | | |
|  |  |

**Owner Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Contact Number | |  | | |
|  | |  | | |  | |  | | |
| Address: | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | Post code: | |  | | |
|  | |  | | |  | |  | | |
| Email: | |  | | | | | | | |
|  |  | | | | | | | | |
| Date: | |  | Print Name |  | | Signature | |  | | |
|  | |  |  |  | |  | | |  | |