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**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 |  |

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|  |  |

**Owner Details**

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