

To be signed by the person handing over the cat

Signed _____ Date dd /mm/yyyy

Donation of £ _____ cash/cheque given towards the current and future animal care

Make your donation worth more



Simply tick the box below and the government will top up your donation – providing Anim-Mates with an extra 28p for every £1 you give.

Please treat all of my donations from 6 April 2000 and until further notice as Gift Aid. My annual UK income tax and /or capital gains tax is more than the tax Anim-Mates will reclaim.

PLEASE TICK THIS BOX

If you are not a UK taxpayer, please tick this box

To be completed by Anim-Mates volunteer receiving the cat

I have been given:

- 1. Vaccination card **Yes / No**
- 2. Microchip cert, signed on the back **Yes / No**
- 3. The owner has signed this page **Yes / No**

Signed _____ Anim-Mates volunteer

Entered

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General Enquiries: Shakespeare Farm House,
Shakespeare Farm Road, St. Mary Hoo, Kent, ME3 8RS
Tel: 01634 271456 **Email:** info@anim-mates.org.uk
Website: www.anim-mates.org.uk



Anim-Mates
Registered Charity No 1049253

Helping animals in need in the South East



Handover form

Please complete this form

I, Mr/Mrs/Miss/Ms _____

Address _____

_____ Postcode _____

Telephone No _____ Mobile _____

1. Hand over to Anim-Mates a: **Cat / Kitten**

2. Name of pet _____

3. Age _____ **years** _____ **months** Date of birth dd /mm/yyyy

4. Sex **Male / Female** 5. Neutered **Yes / No**

6. Type _____

7. Colour _____

Please fill in page 2

To ensure that your cat is rehomed to the best possible home we need some further details from you.

Your honest comments and experiences with your cat are important. With these details, a new owner will be made aware of any existing problems and will be prepared to work with the cat to help resolve them.

Medical notes

8. Your vets name and address _____

_____ Tel No: _____

9. Surname under which the cat is registered at vets _____

10. Vaccinated: **Yes / No** If yes, date due mm / yyyy

Ensure the vaccination card is left with your cat

11. Date last wormed mm/yyyy 12. Last defleaed mm/yyyy

*I use worming and defleaing products from **Vet/Pet Shop***

13. Micro chipped **Yes / No**

Ensure the microchip paper is signed and is left with cat

14. Is your cat on a vet recommended diet **Yes / No**

If **Yes** give name _____

15. List any ongoing and past medical conditions or treatments _____

16. Where did you get the cat from _____

17. When did you get the cat mm / yyyy

18. Food likes are _____

Food dislikes are _____

19. Is your cat totally housetrained **Yes / No**

20. Does your cat use a litter tray **Yes / No**

21. Is your cat allowed outdoors **Yes / No**

22. How would best describe your pet (eg. friendly, shy)

23. Is your cat good with Children **Yes / No / Unknown**

Dogs **Yes / No / Unknown**

Other Cats **Yes / No / Unknown**

24. Please list any characteristics/problems or other comments _____

25. I am handing over my cat to Anim-Mates because

please sign the next page