

**To be signed by the person handing over the dog**

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 25p 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 dog**

*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*  
ANIMATED CHARITY INC. - 1400000

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: **Dog / Puppy**

2. Name of pet \_\_\_\_\_

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

4. Sex **Male / Female**

5. Neutered **Yes / No** If **No** please give date of last season:

6. Breed \_\_\_\_\_

7. Colour \_\_\_\_\_

**Please fill in page 2**

To ensure that your dog is rehomed to the best possible home we need some further details from you. Your honest comments and experiences with your dog are important. With these details, a new owner will be made aware of any existing problems and will be prepared to work with the dog to help resolve them.

### Medical notes

8. Your vets name and address \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

9. Surname under which the dog is registered at vets \_\_\_\_\_

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

*Ensure the vaccination card is left with your dog*

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

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

13. Microchipped **Yes / No**

*Ensure the microchip paper is signed and is left with dog*

14. Is your dog 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 dog from \_\_\_\_\_

17. When did you get the dog mm / yyyy

18. Food likes are \_\_\_\_\_

Feeding times \_\_\_\_\_

19. Is your dog totally houstrained **Yes / No**

20. Does your dog bark when left **Yes / No**

21. Is your dog afraid of fireworks/ thunder **Yes / No**

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

23. Is your dog good with Children **Yes / No/ Unknown**  
Cats **Yes / No / Unknown**  
Other Dogs **Yes / No / Unknown**

24. Please list any characteristics/problems or other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_