

**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

**Anim-Mates** 80 Pitfold Road London SE12 9HY

Tel: 020 8355 6888

Email: [info@anim-mates.org.uk](mailto:info@anim-mates.org.uk)

Website: [www.anim-mates.org.uk](http://www.anim-mates.org.uk)



**Anim-Mates**

Registered Charity No 1098252

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*