EASTERLEIGH
Animal Sanctuary

"A SAFE HAVEN FOR ALL ANIMALS"

SURRENDER of a DOG

Name (of person handing over the dog):

Address:

Contact Number:

E Mail:

Vets Name and Address:

Dog Name:

Dog Age:

Dog Sex:

Neutered:

Micro chipped:

Microchip Number:

Vaccinated:

Vaccination Certificate presented:

Flea and Worm Treatment:

Date of last treatment:

Medical issues:

Behavioural Issues:

Dietary requirements:

Allergies:

Medication:

What medication has been handed over:

Species/Breed :

Lived with:				
	DOGS		CATS	
	CHILDREN		OTHER	

Where did you originally get the dog from:	
How long has the dog lived with you:	
Reason for Surrender:	

Thank you for your application to surrender your dog a member of our Animal Welfare Team will be in contact within 5 working days to discuss a suitable placement for your dog.

[1] Registered charity no 1176549
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