



Homeless Cat Rescue Bedfordshire

Registered Charity 1153052 | www.homelesscatrescue.co.uk | contact@homelesscatrescue.co.uk | 01582 529009

New Arrival Form Stray: Previously Owned:

Adoption Number:

Cats Name: _____ Colour: _____ Breed: _____

Age: _____ Sex: _____ Spayed or Castrated? YES NO Don't Know

When was the last time this cat was flea and wormed, and with what product:

Is this cat micro chipped YES NO Is this cat Vaccinated? YES NO (If yes we need all documentation)

Has this cat any known illness and/or is he/she medication? _____

Name, address, telephone no. of current veterinary practice: _____

How long have you had this cat: _____ if previously owned, where did you got the cat from (please include address): _____

If stray where did you find him/her? _____

What other Animals has this cat lived with, if any? _____

Does this cat like children? _____

Reason(s) for parting with the cat? _____

What food is this cat used to? _____

Condition Of Acceptance / I Agree:

I am under the understanding that the cat described above is accepted by homeless cat rescue (HCR) and I disclaim and have neither further ownership or rights to the cat. I have read and I am in agreement of the above. I willingly donate the sum of £ _____ to the work of HCR.

Name of owner/finder: _____ Address: _____

_____ Telephone Number: _____

Print Name (Block Capitals): _____

Signature: _____

Date: ____/____/____

Homeless Cat Rescue Representative Signature: _____