



FACT SHEET - MICROCHIPPING

NAME OF ADOPTER _____

ADDRESS _____

POST CODE _____ TEL. NO. _____

In consideration of receiving

NAME OF ANIMAL _____

TYPE/BREED _____

SEX _____ AGE _____ COLOUR _____

MICROCHIP /TATTOO/FREEZEMARK NO. _____

NEUTERED : YES/NO MEDICAL HISTORY ATTACHED : YES/NO

1. I (the adopter) undertake to care for and to provide a kind loving home for the said animal.
2. I agree to take full responsibility for the said animal and any expenses incurred from or by the animal from the date of this Agreement.
3. I believe this animal to be in good health as at the date of this Agreement with the exception of any condition that has been specified and discussed by the present owner and therefore accept any expenses arising from any subsequent sickness or injury.

SIGNATURE OF ADOPTER _____ DATE _____

From

NAME OF PRESENT OWNER _____

ADDRESS _____

POST CODE _____ TEL NO. _____

1. On signing this agreement, I, (the said present owner) relinquish all rights to the said animal known as _____ to _____

(name of adopter).

SIGNATURE OF PRESENT OWNER _____ DATE _____