

# Dogs Trust Canine Care Card Registration Form

Please fill in this registration form for your dog. In the event of your death, the information will help us to match your dog with a suitable new home. Please do keep us informed of any changes to your details.



## About you

Title \_\_\_\_\_ Initial \_\_\_\_\_ Surname \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Supporter No (if known) \_\_\_\_\_

Don't forget - we strongly recommend that you include the care of your best friend in your Will, that way there can be no confusion about your wishes. Please provide details of your solicitor for our records.

Name of Solicitor \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_



**17 Wakley Street  
London EC1V 7RQ**

**Tel: 020 7837 0006**

**[www.dogstrust.org.uk](http://www.dogstrust.org.uk)**

Registered charity No. 227523

## About your dog

Please provide us with the following details about your dog. It will help us to find the best possible home for your faithful friend should we need to. If you have more than one dog, or you want to add details that may help us, please use an additional sheet of paper or photocopy this form.

Name \_\_\_\_\_

Sex: Male  Female  Breed \_\_\_\_\_ Age \_\_\_\_\_

Distinguishing marks \_\_\_\_\_

Is your dog microchipped? Yes  No  If yes, Please give details \_\_\_\_\_

\_\_\_\_\_

Is your dog neutered? Yes  No

Please give details of any special dietary, and or, medical requirements \_\_\_\_\_

\_\_\_\_\_

Does your dog have a tendency to bite/be aggressive towards other dogs? Yes  No

Does your dog have a tendency to bite children or adults? Yes  No

Name of Vet \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

