DATE					ID:	
NAME				CIRCUMSTANCES OF RESCUE –		
ADDRESS						
				SOURCE: VET / RSPCA / PRIVATE / OTHER		
POSTCODE				PHONE		
				EMAIL		
DAILY TREATMENT				TEETH	SEX	AGE:	WEIGHT:
				CONDITION		
				VET REF NO	OUTCOME	
DATE	WEIGHT	A D	U F	TREATMENT	NOTES	
I relinquish responsibility for this animal (signature)						
☐ Please tick if you do not wish to have any further contact from us regarding this animal						
☐ Please tick if you can give this animal a safe release site upon successful rehabilitation						

DATE					ID:	
NAME				CIRCUMSTANCES OF RESCUE		
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DATE	WEIGHT	A	U	TREATMENT	NOTES
		D	F		

DATE	WEIGHT	A	U	TREATMENT	NOTES
		D	F		