



Canine Care Card Application

Owners Details

Owners name _____

Address _____

Post code _____

Tel. number _____

Contact Details for Owners Next of Kin, Solicitor, Executors

Please INFORM them of your wishes i.e.

"It is also my wish that Pet Rescue Welfare Assoc. Registered charity number 1116170 cares for or rehomes any dogs that I may own at the time of my death".

Pets Details

Pets Name _____ Breed _____ Age/DOB _____

Any health issues (please name and name medication used)

Type of food? Wet / Dry / mix Make _____

Current vet practice _____

Address and post code _____

Tel number _____

Any food allergies _____

Belongings (e.g. toys, bed, bowls, leads, other items)

Bathing items (e.g. shampoo, towels, brush's, other items)
