

PET ADOPTION

New Owner's Details

Owner's Name: _____

Address: _____

Landline No: _____ Mobile No: _____

Office No: _____

Pet Details

Pet Name: _____

UHID: _____

Species: Canine / Feline

Breed: _____

Sex: Male / Female

Age: _____

Neutered / Spayed (Please tick)

I _____ here by agree to adopt the above mentioned pet from the CGS Hospital and assure that the pet will be taken good care by me. I will bear all future expenses in maintenance of the pet. I have been given all details/documents of the pet. I have no objection for hospital staff to visit and check pet's health conditions.

Owner's Signature

Doctor's Signature

Date: