SAFE Pet Scheme Registration Form

1. Tell us a	1. Tell us about yourself			A Stray Dog's Best Friend
Title: First Name:		Date of Birth		
Surname:				
Address:				
Postcode: Email:		-		
2. Tell us a	bout your pet			
Name:		Sex:		Age:
Species:		Breed:		
Description (co	lour & coat):			
Is you pet micro	ochipped? (please circle):	Yes	No	
Microchip Num	ber:			
Any special die	tary or veterinary needs:			
Likes:				
Dislikes:				
3. Tell us a	bout your Vet			
Name: Address:				
Postcode:	-	Telephone N	lumber:	

By completing this form, you are consenting to be contacted by by email in relation to the SAFE Pet Scheme, Team SAFE, and other ways you can help support the vital work of Stray Aid. You can opt out at any time, once you have recieved your first email.

Once completed, please return this form to: **SAFE Pet Scheme**, **Stray Aid Rescue Centre**, **Cornforth Lane Coxhoe**, **County Durham DH6 4EL**. Please also ensure you leave instructions in your will to confirm your wishes. The suggested wording we use is: "My executors should contact SAFE Pets Scheme, Cornforth Lane, Coxhoe DH6 4EL, tel 0300 9994247, registered charity no. 1117372 to arrange for the care of my cat/dog (name) which I own at the time of my death."