



Dog Reference No:

**BORDER COLLIE TRUST (GREAT BRITAIN)**

Heathway  
Colton, Nr Rugeley  
Staffs. WS15 3LY.

Tel No. 01889 577058

Registered charity in England & Wales no: 1053585  
Company limited by guarantee in England & Wales no: 3159703

## ADMISSION FORM

## OWNERS DETAILS

The information you give will help the Trust in finding the most suitable home for the dog. Please complete this form as accurately as possible. Please tick, highlight or indicate where applicable

**NAME** .....

**ADDRESS** .....

.....

..... **POST CODE** .....

**TEL: DAY** ..... **EVE** .....

I relinquish ownership of (Dogs name) ..... at no charge to myself but wish to make a donation of £ ..... to support the work of the charity (delete if not appropriate)

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current taxpayer

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid my donation of £ ..... to Border Collie Trust (Great Britain)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

I am the rightful owner of this dog, there are no other claims on its ownership and I wish to relinquish my dog to Border Collie Trust G.B. In so doing I understand I transfer all rights of ownership to Border Collie Trust G.B. I declare that to the best of my knowledge the information I have given is true and correct. I confirm that no court order has been made in respect of this dog and no dog related matters are currently being considered by Police, Local Authorities or RSPCA.

**I ACCEPT THE DOG WILL BE AVAILABLE FOR REHOMING IMMEDIATELY**  
**OR**  
**I WOULD ASK FOR 48 HOURS BE ALLOWED BEFORE THE DOG IS AVAILABLE FOR REHOMING. (please delete as appropriate)**

I **DO/DO NOT** WISH TO BE INFORMED WHEN THE DOG IS REHOMED.

I understand that my details will be retained by BCTGB but will not be passed to any third party.

**SIGNED** ..... **DATE** .....

**BCTGB STAFF – PLEASE ENSURE THAT THIS PAGE IS KEPT CONFIDENTIAL**

**STAFF ADMITTING DOG**

**DOES A VACCINATION SLIP NEED COMPLETING?      YES / NO**