



Sussex North & Brighton Branch
Registered Charity No.206630

PET LIFE CARE SCHEME

Looking after a pet means loving and caring for them for life. It can also mean making provision for them when you pass away. Our Pet Life Care Scheme means that in the event of your death we'll care for your pet(s), then do all we can to find them a happy and loving home for the rest of their lives.

Please refer to the terms and conditions applicable to the Scheme, before completing this form to register your pet(s) with us.

Once you have completed this form and a History Form to register your pet(s) with us we will contact you to take more detailed information about your pet and we will then let you know whether your application has been successful.

Applications are considered on a case by case basis

1. Your details.

Name:

Address:

Telephone number:

Email:

2. Your pet's details.

Please share as much information as you can with us about your pet. This will help us to ensure that your pet receives the care needed and will also help us to find the perfect future home.

Once we receive your completed application, we will contact you by telephone to gather a more detailed profile of your pet.

If anything changes you can always get in touch with us to update or add information.

[If you have more than 3 pets, please fill in these details on a separate sheet of paper, or photocopy this form.](#)

Pet Number 1

- Snake
- Lizard

- Tortoise
- Other (please specify)

Name of pet:

Species:

Colour and any significant markings:

Year of Birth:

- Male
- Female
- Unknown

Has your pet been neutered? Yes / No

Has your pet been microchipped? Yes / No

Microchip number:

Details of vaccinations received and the dates on which they were given:

Health Record

What Electrics does your reptile have access to?

Please provide Brand of electrics, wattage of heat sources and does your reptile have access to UVB?

Does your pet have any health conditions or allergies? Yes/No

Please provide details.

Please provide details of any medication prescribed for your pet.

Is there any other special medical information we should know about your pet?

Does your pet have any dietary requirements?

What do they like to eat? What is their favourite food?

Please provide any other information that you think would help us to ensure your pet receives the care needed and to find your pet the perfect forever home.

Pet Number 2

- Snake
- Lizard

- Tortoise
- Other (please specify)

Name of pet:

Species:

Colour and any significant markings:

Year of Birth:

- Male
- Female
- Unknown

Has your pet been neutered? Yes / No

Has your pet been microchipped? Yes / No

Microchip number:

Details of vaccinations received and the dates on which they were given:

Health Record

What Electrics does your reptile have access to?

Please provide Brand of electrics, wattage of heat sources and does your reptile have access to UVB?

Does your pet have any health conditions or allergies? Yes/No

Please provide details.

Please provide details of any medication prescribed for your pet.

Is there any other special medical information we should know about your pet?

Does your pet have any dietary requirements?

What do they like to eat? What is their favourite food?

Please provide any other information that you think would help us to ensure your pet receives the care needed and to find your pet the perfect forever home.

Pet Number 3

- Snake
- Lizard

- Tortoise
- Other (please specify)

Name of pet:

Species:

Colour and any significant markings:

Year of Birth:

- Male
- Female
- Unknown

Has your pet been neutered? Yes / No

Has your pet been microchipped? Yes / No

Microchip number:

Details of vaccinations received and the dates on which they were given:

Health Record

What Electrics does your reptile have access to?

Please provide Brand of electrics, wattage of heat sources and does your reptile have access to UVB?

Does your pet have any health conditions or allergies? Yes/No

Please provide details.

Please provide details of any medication prescribed for your pet.

Is there any other special medical information we should know about your pet?

Does your pet have any dietary requirements?

What do they like to eat? What is their favourite food?

Please provide any other information that you think would help us to ensure your pet receives the care needed and to find your pet the perfect forever home.

3. Your Vet

Please provide details of the Veterinary Practice where your pet is registered.

Name:

Address:

Telephone number:

Email:

Please indicate if you are happy for us to contact your Vet? Yes / No

Please confirm that you consent to your Vet sharing your records with us Yes / No

Signature:

Date:

4. Adding a Pet Life Care Scheme to your Will.

Please leave instructions in your Will confirming that you would like RSPCA Sussex North & Brighton Branch to care for your pet until it can be rehomed.

We recommend you add the following suggested Pet Life Care Scheme wording to your Will as this formally acknowledges RSPCA Brighton in any future arrangements.

It also ensures that your Executor is fully aware of your wishes as this is the only official document that they must refer to when dealing with your estate.

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"I give my pet [name of animal(s)] or any animals I own at my death [and amount / percentage of my residuary estate] to the RSPCA Sussex North & Brighton Branch of Braypool Lane, Patcham, Brighton, BN1 8ZH (RSPCA Brighton), registered charity no 206630, for its general purposes and I direct that once the animal(s) is/are delivered to RSPCA Brighton it shall take over full responsibility for it/them and seek to place it/them in a suitable home(s). The receipt of the honorary treasurer or other appropriate officer of RSPCA Brighton for the time being shall be a good discharge of my Executors."

It is not essential for you to leave us money to care for your pet, however if you are able to this will help support the work we do at the Animal Shelter and will help us continue to look after yours and other pets while we find them new forever homes.

Please confirm that you have added the Pet Life Care Scheme wording to your Will. Yes / No

(You may enclose a copy of your Will if you wish, but this is optional.)

5. Your Solicitor

Sharing your Solicitor's details will help us fulfil your wishes.

Name of Solicitor:

Law Firm Name:

Address:

Telephone number:

Email:

6. Responsible Person's Details

Please give details of the person with whom you have agreed can sign over ownership of your pet to the RSPCA, so that we may ensure that your wishes are fulfilled. This could be a trusted friend, family member, vet or solicitor.

[You will also need to give them our contact details.](#)

Print Name:

Address:

Telephone No. :

Email:

7. Please Sign here

I confirm that I have read, understood and accepted the terms and conditions applicable to this Scheme.

Print name:

Signature:

Date:

Thank you for your interest in our Pet Life Care Scheme. We will be in touch very soon to let you know that your application is being processed, and to gather a more detailed history of your pet including but not limited to completion of a History

Form, history gathering over the telephone and obtaining further details of any health or behavioural matters.

Please let us know of any future changes to the above details.

Pet Life Care Scheme Registration Form (September 2022) Page 4 of 4 If you wish to hear more about the work of the RSPCA Sussex North & Brighton Branch; our plans, developments, activities, volunteering and membership opportunities, rescues, rehoming, fundraising and animal welfare campaigns, please indicate this below by putting a ✓ in the box.

- Yes, I am happy for the RSPCA Sussex North & Brighton Branch to stay in touch.

You may opt out at a later date if you wish. Let us know by emailing or writing to the address below.

Privacy Policy

Your details will be kept safe, secure and will not be shared with anyone else. Information on how we use your personal data is set out in our Privacy Policy, which can be viewed on the Branch's website www.rspca-brighton.org.uk

Please return this form by post or email to: RSPCA Brighton, Braypool Lane, Patcham, Brighton, BN1 8ZH
Email: info@rspcabrighton.org.uk Tel: 01273 554218