Brant County SPCA
Consent for Care & Retrieval of My Pet

This form is to be completed by the legal owner of the animal(s) described below.
I authorize the following person(s) to claim my pet if it arrives to the Brant County SPCA, which is also the City of Brantford Animal Control Facility. Attached is my proof of ownership of my animal(s) and a copy of my personal identification.

Owner information

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____

Cell Number: _____ Work Number: _____

Email: _____

I give the authorized individual(s) listed below the authority to obtain my pet(s) medical information from my veterinarian.
Name of Veterinary Clinic: _____

I give the authorized individual(s) listed below the authority to claim my pet(s) from the Brant County SPCA.

Owner Full Name: _____ **Signature:** _____

Authorized Individual(s) Information

1) First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____

Cell Number: _____ Work Number: _____
Signature of Authorized Individual: _____

2) First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____

Cell Number: _____ Work Number: _____

Signature of Authorized Individual: _____

Animal(s) Information

1) Dog ☐   Cat ☐   Other ☐ Specify: _____

Age: _____ Gender: _____ Spay/Neutered: Yes ☐ No ☐ Unknown ☐

Breed: _____ Description: _____

Short/Medium/Long Hair: _____ Colour: _____

Medical Issues: _____Medications: _____

Collar: Yes ☐ No ☐ Colour of Collar: _____ Tags: Yes ☐ No ☐ Tag Information: _____

Microchipped: Yes ☐ No ☐ Microchip Number: _____

Declawed: Yes ☐ No ☐ Tattooed: Yes ☐ No ☐ Tattoo Information: _____

2) Dog ☐   Cat ☐   Other ☐ Specify: _____

Age: _____ Gender: _____ Spay/Neutered: Yes ☐ No ☐ Unknown ☐

Breed: _____ Description: _____

Short/Medium/Long Hair: _____ Colour: _____

Medical Issues: _____Medications: _____

Collar: Yes ☐ No ☐ Colour of Collar: _____ Tags: Yes ☐ No ☐ Tag Information: _____

Microchipped: Yes ☐ No ☐ Microchip Number: _____

Declawed: Yes ☐ No ☐ Tattooed: Yes ☐ No ☐ Tattoo Information: _____

3) Dog ☐   Cat ☐   Other ☐ Specify: _____

Age: _____ Gender: _____ Spay/Neutered: Yes ☐ No ☐ Unknown ☐

Breed: _____ Description: _____

Short/Medium/Long Hair: _____ Colour: _____

Medical Issues: _____ Medications: _____

Collar: Yes ☐ No ☐ Colour of Collar: _____ Tags: Yes ☐ No ☐ Tag Information: _____

Microchipped: Yes ☐ No ☐ Microchip Number: _____

Declawed: Yes ☐ No ☐ Tattooed: Yes ☐ No ☐ Tattoo Information: _____