

Registered office: A57, DDA Sheds, Okhla Industrial Area, Phase II, New Delhi - 110020 Farm: Kidwali Village, Faridabad District, Haryana 121001 (Access from Sector 135, Noida) Phone: +91 93190 19966 | Email: contact@ppt.org.in | Website: www.purplepatchtrust.org PAN: AADTT5141Q | 80 G Registration: CIT (Exemption) Delhi/80G/2020-21/A/10112

Animal Intake/Admission Form

Date: Reason	for intake: Rescued Dro	opped off Other
Intake volunteer name:	Intake No	
Contact Information of Animal Give	er	
Name	ID Number	ID Type ¹
Contact Mobile:	Alternate contact number:	
Email:	Address:	
City:	State	Pincode
Reason for giving animal:		
If Rescued or other, provide details	location and condition:	
Animal Information		
		Guinea Pig, Breed
		cribe
		ge Weight
		er 8 weeks) Number in litter
Microchip: Yes No If yes,	provide number:	
ID Tag: Yes No If yes, pro	ovide details:	
Animal is not aggressive	is aggressive towards Peopl	le other animals (specify)

 $^{^{\}rm 1}$ Identities accepted: Aadhaar card, Valid passport copy, Election/Voter Identification.

Known vaccination status:	
Vaccine:	_ Vaccine:
Vaccine:	_ Vaccine:
Deworming status:	
Medical problems and treatment instructions:	
Other Notes:	
Undertaking	
and give up all my rights for the animal's care and ow	e said animal voluntarily to the Purple Patch Trust (PPT) nership to the PPT. I shall not make claims to the said mal to the PPT. The said animal or its offspring shall be
Animal care rules	
unable to look after the animal due to the reastake care of the animal on my behalf. I certify that the said animal has no previous hadiagnosed with any contagious diseases for ware I understand that if my animal becomes unrul infested by parasites (fleas, ticks, lice, etc.), or be removed to a veterinary location for such the I understand that any decision concerning the discretion of PPT, whose decisions are final. I hereby agree to hold harmless all persons, or care and sheltering of this animal, in case of a I further agree to indemnify any persons or er	y or aggressive, shows signs of contagious disease, is begins showing signs of stress-related conditions, it may
Owner's/Giver's Name(please print)	

Owner's Signature: _____ Date: _____ Place: _____