

INTAKE NO.

COUNTY ANIMAL RESPONSE TEAM

PET'S NAME:

OWNER:

OTHER FAMILY MEMBERS:

TEMPORARY ADDRESS:

CONTACT INFORMATION: () ALT.()

EMERGENCY CONTACT: ()

VISITATION SCHEDULE:

ANIMAL TYPE:

BREED(S):

COLOR(S):

SEX: MALE N FEMALE S

AGE: _____

COLLAR/TAGS/MICROCHIP:

MEDICAL SURVEILLANCE REQUIRED MEDICATIONS REQUIRED

SPECIAL NEEDS:

DATE IN:

CAGE NUMBER

CAUTION

AGGRESSIVE

FEARFUL

ESCAPE ARTIST

ATTACH PHOTO HERE