

# Intake Form B

TEMP EVAC & RESCUE SHELTER

NO.

TRANSFER NO.

CAUTION  
AGGRESSIVE

COUNTY ANIMAL RESPONSE TEAM

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## ARRIVAL

BY RESCUE TEAM: \_\_\_\_\_

FOUND

BY GOOD SAMARITAN: \_\_\_\_\_

REQUESTED RESCUE

BY NEIGHBOR/FRIEND: \_\_\_\_\_ ( )

REQUEST NO. \_\_\_\_\_

BY OWNER: \_\_\_\_\_ ( )

## LOCATION OF PICK UP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ARRIVAL STATUS

REQUIRES MEDICAL ASSESSMENT

REQUIRES IMMEDIATE MEDICAL CARE

INJURED  SICK

DECEASED

## MEDICAL ASSESSMENT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

SEE MEDICAL FORM

MICROCHIPPED

NO. \_\_\_\_\_

## ANIMAL INFORMATION

DOG  CAT  BIRD  RABBIT  OTHER

DESCRIBE \_\_\_\_\_

BREED(S) \_\_\_\_\_

COLOR(S) \_\_\_\_\_

MARKINGS \_\_\_\_\_

COLLAR \_\_\_\_\_

TAG(S) \_\_\_\_\_

MICROCHIP/TATTOO \_\_\_\_\_

SEX: MALE (N) FEMALE (S)

AGE: BABY YOUNG ADULT SENIOR

COAT: LONG SOFT MED ROUGH WIRE  
SHORT SMOOTH CURLY

TAIL: NONE DOCKED SHORT LONG CURLY

EARS: CROPPED ERECT PRICK FLOP

DECLAWED: YES NO

## ATTACH PHOTO

## PLACEMENT

SHELTER: \_\_\_\_\_

ROOM/ROW: \_\_\_\_\_

CAGE ASSIGNED: \_\_\_\_\_

FOSTER CARE: \_\_\_\_\_

## DISPOSITION

OWNER IDENTIFIED  
ATTEMPTED TO CALL OWNER  
OWNER CONTACTED  
HOLD FOR OWNER PICK UP  
RECLAIMED BY OWNER - FORM ATTACHED  
OWNER SURRENDERED - FORM ATTACHED  
TRANSFERRED TO \_\_\_\_\_  
EUTHANIZED

## INITIALS

## DATE

|       |       |
|-------|-------|
| _____ | _____ |
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EMPIRE STATE ANIMAL RESPONSE TEAM