

Intake Form A

Petfriendly Shelter

NO.

County Animal Response Team

TRANSFER NO.

RECEIVED BY:

DATE: TIME:

OWNER INFORMATION

BROUGHT IN BY: OWNER: YES NO

ADDITIONAL FAMILY MEMBERS: (Relation) (Relation) (Relation)

OWNER'S ADDRESS: OWNER'S TEMPORARY ADDRESS:

OWNER ID: LICENSE #: SERVICE /ASSISTANCE ANIMAL

CONTACT INFORMATION: (phone)() (cell) () (emergency contact) ()

OTHER FAMILY PETS BROUGHT IN:(Intake No.) CAN BE CAGED/WALKED TOGETHER

PET INFORMATION ATTACH PHOTO HERE

LOCATION/CAGE ASSIGNED: OWNER'S CAGE

DOG CAT BIRD (Type) OTHER (Type)

NAME: BREED(S):

SMALL MEDIUM LARGE XL COLOR(S):

BABY YOUNG ADULT SENIOR MALE (N) FEMALE (S)

DISTINGUISHING MARKINGS: EARS CROPPED TAIL DOCKED CAT DECLAWED

COLLAR: TAG(S): MICROCHIP#: REGISTRY:

ANIMAL IS AGGRESSIVE: N/A TOWARD CATS DOGS PEOPLE OTHER

HAS ANIMAL BITTEN ANYONE IN PAST TEN DAYS: NO YES

REQUIRES MEDICATION: YES NO TYPE: OWNER SUPPLIED YES NO ADMINISTRATION:

VACCINATION HISTORY: VAC: VAC: VAC: RABIES 1 YR 3 YR VETERINARIAN: PHONE:

VISITATION SCHEDULE ASSIGNED: (hours) OWNER AGREEMENT: READ AND SIGNED OWNER/GUARDIAN SIGNATURE: DATE:

DISCHARGE INFORMATION

DISCHARGED BY: DATE: TIME: OWNER SIGNATURE:

WHITE COPY SHELTER

YELLOW COPY OWNER

WWW.EMPIRESART.COM

EMPIRE STATE ANIMAL RESPONSE TEAM