

# Shelter Admission / Discharge for Animal

Owner's Full Name: \_\_\_\_\_

Owner's Full Address: \_\_\_\_\_

Owner's home telephone number: \_\_\_\_\_

Owner's cell phone number: \_\_\_\_\_

Out of area relative name and phone number: \_\_\_\_\_

**Description of Animal:**       Dog    Cat    Other \_\_\_\_\_  
    Male    Intact    Neutered  
 Female    Intact    Spayed?    In heat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive Markings: \_\_\_\_\_

Micro Chip  Yes    No   Number: \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_

Address & Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## BELOW TO BE COMPLETED BY SHELTER REGISTRATION RECPTIONIST

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

- | Yes                      | No                       | Proof of   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Written proof of current vaccinations;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID collar and up to date rabies tag; Tag # _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID on all belongings;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrier or cage of sufficient size for the animal to stand, stretch and turn around;                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Leash;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ample food supply;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Water/food bowls;  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any necessary medication(s); Types: _____;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Newspapers, plastic disposable gloves and trash bags for handling waste;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cages has the owner's name and address, pet name and other pertinent information labeled clearly and securely on the cage. |

Owners' driver's license # or resident ID #: \_\_\_\_\_

Pet sheltering location: \_\_\_\_\_

Owner sheltering location: \_\_\_\_\_

\_\_\_\_\_  
Departure Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Owner's signature