

**Attachment A - Shelter Form
A1: Animal Intake Form**

A#:	P#:
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Date _____ Time _____ Entered by _____

Primary Owner (Last, First) / P#	
Home Address	
City, ST, Zip	
Temporary Address	
City, ST, Zip	
Home Phone	Cell Phone
Temporary Phone	Temporary Phone
email	



Has this animal bitten in the last 10 days?
 No Yes, a human _____ Yes, another animal _____
 Date Species Date

Has this animal displayed any aggression toward people or animals?
 No Yes. Explain _____

List any other individual with authority to make all decisions regarding animal care (including veterinary care):

 Name Phone number

Owner surrender request:
 Surrender for adoption Surrender for euthanasia Temporary housing

Animal found by:
 Animal Control Officer _____
 Other shelter staff/ Volunteer _____
 Private citizen, no relation to owner _____
 Private citizen, can identify the owner _____

Location found:

 Address or intersection City ST Zip

Method of intake: In field Over the counter Night drop

 Finder's Name Phone number

 Finder's Address City ST Zip

Finder or volunteer is interested in adoption or providing foster care

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Name	
Species	Breed
Color	Coat Type

- Male
 Female
 Neutered
 Spayed
 Unknown

Markings/Other Descriptors

Identification

<input type="checkbox"/>	Identification tags	All Tag Information	
<input type="checkbox"/>	Microchip	Number	Company
<input type="checkbox"/>	Tattoo	Number	
<input type="checkbox"/>	Other Identifier	Information	

Vaccinations: Any information provided by owner must be accompanied with proof of vaccination.

- Rabies date _____
 Distemper/Parvo (canine) FeLV/ CCVRP (feline)
 Bordetella date _____ Horse Chicken
 Other #1 _____ Other #2 _____ Other #3 _____
 Dewormer date _____ External parasite control date _____

Special Needs

- Allergies/special diet required/provided by owner

 Known medical condition(s)

- Medication #1 _____ Dosage _____ Schedule _____
 Medication #2 _____ Dosage _____ Schedule _____
 Medication #3 _____ Dosage _____ Schedule _____