ANIMAL RECORD

Animal ID# _			S	Shelter: _			
	-	<u>Take and sa</u>	ve pho	to of ani	mal with ID num	<u>ber</u>	
Entry – Intake Circumstances							
Drop Off □	Rescue	Seizure	DOA		Intake Date:		
Location of F	ound/Rescu	ued/Seized A	nimal:				
Comments:							
		Evit _ Dic	nositio	n of Ani	mal at Departure		
Reclaimed □	Placed □				mai at Departure		Date:
Euthanized c	Date:						
Comments:							
				al Descr	iption		
Kind of Anim	al: Dog □	Cat □ Ot	ther 🗆 (S	Specify):			
Breed:	Co	olor:		Distino	tive Markings:		
Animal Name	e: Ta	ag or Microch	nip#:	Health	or Behavior Issue	es:	
Birth Date:		′eight: Actual□ Est		Sex:	Male Neutered □ Male Intact □		Neutered □ Intact □
Owner/Agent Information							
Name of Ani	mal's Owner						
Street Addre	SS:						
City, State, Z	ip:						
Phone: Work Phone:							
Other contac	Other contact info: Type of ID and #:						
Alternate Contact:				Phone:			

Animal Record

Intake Questions for Owner or Agent

1. Do you understand and agree to the Pet Owner Sheltering Agreement?

	Yes, I u							
Owner/Agent Signature:					Witness (print):			
2.	Has your pet been	vaccina	ated?					
•	Rabies			2 Yr π Γ)ate	Certificate	with you'	? Yes □ No □
	Distemper/UR	_					,	
	FeLV	_						
	Other:						Date:	
							_ Date:	
	Is your pet currentl		y medicat	tions?				
	Heartworm Preven	ition						
	Flea/Tick Control							
	Other?							
		Name			Route	Dosag	e	Frequency
	Did you bring these	e medic	ations wit	h you? Y	es 🗆 No 🗆			
	What is your pet's	normal	diet? Ho	w much fo	od and when	each day?		
	What is your pet's							
					Wet 🗆	Dry □ Brand		
i.	What percentage of	of time d	lo you est	imate you	Wet a	Dry □ Brand y spends outdoo		
i.	What percentage of the state of	of time of	do you est	imate you	Wet a	Dry □ Brand y spends outdoo		
	What percentage of the state of	of time of	do you est	timate you	Wet upet normally	Dry □ Brand y spends outdoo		
	What percentage of the state of	of time of	do you est	timate you	Wet upet normally	Dry □ Brand y spends outdoo		
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Date	Time	Name	Treatment and Progress
		_	

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Date	Time	Name	Treatment and Progress

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Date	Time	Name	Treatment and Progress

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