ANIMAL RECORD

Animal ID# _____ Shelter: _____
Take and save photo of animal with ID number

Entry – Intake Circumstances

Drop Off □ Rescue □ Seizure □ DOA □ Intake Date: _____
Location of Found/Rescued/Seized Animal:
Comments:

Exit – Disposition of Animal at Departure

Reclaimed □ Placed □ to _____ Exit Date: _____
Euthanized □ Date: _____ Reason:
Comments:

Animal Description

Kind of Animal: Dog □ Cat □ Other □ (Specify):		
Breed:	Color:	Distinctive Markings:
Animal Name:	Tag or Microchip#:	Health or Behavior Issues:
Birth Date:	Weight: Actual□ Est □	Sex: Male Neutered □ Female Neutered □ Male Intact □ Female Intact □

Owner/Agent Information

Name of Animal's Owner/Agent:	
Street Address:	
City, State, Zip:	
Phone:	Work Phone:
Other contact info:	Type of ID and #:
Alternate Contact:	Phone:

Intake Questions for Owner or Agent

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

Yes, I understand and agree to the *Pet Owner Sheltering Agreement* ☐

Owner/Agent Signature: _____ Witness (print): _____

2. Has your pet been vaccinated?

Rabies	☐	1 Yr ☐ 2 Yr ☐ Date _____	Certificate with you? Yes ☐ No ☐
Distemper/UR	☐	Date: _____	
FeLV	☐	Date: _____	
Other:	☐	_____	Date: _____
	☐	_____	Date: _____
	☐	_____	Date: _____

3. Is your pet currently on any medications?

Heartworm Prevention ☐ _____
Flea/Tick Control ☐ _____
Other?

Name	Route	Dosage	Frequency

Did you bring these medications with you? Yes ☐ No ☐

4. What is your pet's normal diet? How much food and when each day?
_____Wet ☐ Dry ☐ Brand _____

5. What percentage of time do you estimate your pet normally spends outdoors? ____ %

6. Is your pet allergic to any drugs or medications? Yes ☐ No ☐
Which ones? _____

7. Any injury or illness in the past 30 days? Yes ☐ No ☐
_____
_____

8. Any history of seizures? Yes ☐ No ☐ (frequency) _____

9. Any history of biting or other aggressive behavior? Yes ☐ No ☐
_____

10. Any recent changes in ?

Appetite	Yes ☐	No ☐	Urination	Yes ☐	No ☐
Bowel Movements	Yes ☐	No ☐	Weight	Yes ☐	No ☐
Water Intake	Yes ☐	No ☐	Behavior	Yes ☐	No ☐

11. Has your pet exhibited any of the following problems?

Lumps/Bumps	Yes ☐	No ☐	Coughing	Yes ☐	No ☐
Shaking Head	Yes ☐	No ☐	Lameness	Yes ☐	No ☐
Hair Loss	Yes ☐	No ☐	Sneezing	Yes ☐	No ☐
Bad Breath	Yes ☐	No ☐	Stiffness	Yes ☐	No ☐
Scratching	Yes ☐	No ☐	Vomiting	Yes ☐	No ☐
Weakness	Yes ☐	No ☐	Difficulty Rising	Yes ☐	No ☐

12. Other special care instructions, questions, or concerns?
_____
_____
_____

Date	Time	Name	Treatment and Progress

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Date	Time	Name	Treatment and Progress