

ANIMAL SIGHTING AND RESCUE REQUEST

This form is for distribution to law enforcement, utility crews, military and other workers in the disaster area, as well as pet owners evacuated from the area. It should also be used to record information from owners calling in a rescue request. File a separate form for each rescue requested or animal sighted, even if the animal is deceased.

Location of animal or sighting _____

Date _____ Time _____ AM or PM

Description of animal: Dog Cat Other _____ Male Female Altered

Breed _____ Color _____ Age _____

Distinctive markings (*note injuries or special conditions*) _____

Name of requesting party _____

Agency or owner _____

Address _____ City _____ State _____ Zip _____

Phone: Work Phone (____) _____ Home (____) _____ Other (____) _____

Temp address (*if other than permanent*) _____

City _____ State _____ Zip _____

If owner, is key available? Yes No Location of key: _____

If no, is keyless entry authorized? Yes No Signature of Owner _____

Name of person completing form (please print) _____

Form completed on: Date _____ Time _____ AM / PM

RESCUE TEAM USE ONLY

Request Received: Date _____ Time _____ AM or PM

Action taken _____

Emergency medical treatment provided to animal _____

Treatment given by: Rescue Team Veterinarian

Name _____ Phone (____) _____

Animal taken to _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Other (____) _____

This Report Must Accompany the Animal.

The Animal / Carrier should be Identified with the Location of Rescue and the Log Number.

LOG # _____