



# Animal Intake

## ARRIVING STATUS OF ANIMAL

Rescued  Dropped Off  Dead on Arrival

Location of Incident: \_\_\_\_\_

Date: \_\_\_\_\_

Intake Volunteer's Name: \_\_\_\_\_

Intake #: \_\_\_\_\_

Last 4 digits of owner/agent SSN

## CONTACT INFORMATION

Animal brought in as a stray/at large

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Emergency Contact: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ I  do  do not grant permission to foster my pet.

I  am  am not the owner, but have the following relationship to the owner: \_\_\_\_\_

## ANIMAL INFORMATION

Cat  Dog  Bird \_\_\_\_\_ (type)  Reptile \_\_\_\_\_ (type)

Farm Animal \_\_\_\_\_ (type)  Other \_\_\_\_\_

Animal Name \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ (yr/mo) Coat Coloring \_\_\_\_\_

Male  Neutered  Female  Spayed  Litter (under 8 weeks old) \_\_\_\_\_ number in litter

Animal  is not pregnant  is pregnant and will be due: \_\_\_\_\_

Item(s) brought with animal \_\_\_\_\_

Special instructions \_\_\_\_\_

## ANIMAL MEDICAL AND BEHAVIOR INFORMATION

Microchip:  No  Yes, # \_\_\_\_\_ Tattoo:  No  Yes

ID Tag?  Yes  No Name \_\_\_\_\_ Phone \_\_\_\_\_

Animal  is not aggressive  is aggressive towards  People  Dogs  Other animals (specify) \_\_\_\_\_

Recent bites  No  Yes (Explain and fill out **CAUTION Cage Card**): \_\_\_\_\_

Condition of animal: \_\_\_\_\_

### Known Vaccination Status:

Type: \_\_\_\_\_  1 Yr  3 Yr Lot #: \_\_\_\_\_

Type: \_\_\_\_\_  1 Yr  3 Yr Lot #: \_\_\_\_\_

Type: \_\_\_\_\_  1 Yr  3 Yr Lot #: \_\_\_\_\_

Medical problems and treatment instructions \_\_\_\_\_

Currently receiving the following medications and dosages \_\_\_\_\_

The following medications were provided when animal received \_\_\_\_\_

The animal has allergies to the following medications or other \_\_\_\_\_

## VETERINARIAN INFORMATION

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Practice Name \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## DEPARTING STATUS OF ANIMAL

Date Reclaimed \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

Print Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Date fostered/adopted/moved to veterinary facility \_\_\_\_\_ (attach completed Animal Release to this form)

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