Animal Intake

ARRIVING STATUS OF ANIMAL
☐ Rescued  ☐ Dropped Off  ☐ Dead on Arrival
Location of Incident: _____________________________ Date: ______________________
Intake Volunteer’s Name: _____________________________ Intake #: ______________________

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)

Credit to NHDART For Use Of This Form